

PHILIPPINE SPORTS COMMISSION
 RMSC Pablo Ocampo Street, Malate, Manila

Current Account No. 100284000038
 Savings Account No. 100284000046

ACIC NO.
 FUND

NSDF-NSA

ADVICE OF CHECKS ISSUED AND CANCELLED

TO: THE BANK MANAGER
 PHILIPPINE NATIONAL BANK
 HARRISON PLAZA BRANCH

CHECK NO.	DATE OF ISSUE	PAYEE	AMOUNT	DATE REGISTERED	REMARKS

NO. OF PCS OF CHECKS: _____ TOTAL AMOUNT: P _____ -
 TOTAL AMOUNT IN WORDS: _____

CANCELLED CHECKS		
CHECK NO.	DATE OF ISSUE	REMARKS

Certified Correct By: _____ Delivered By: _____
ROSANNA T. QUINTO
Cashier

Approved By: _____ Received By: _____
MERLITA R. IBAY

PHILIPPINE SPORTS COMMISSION
 RMSC Pablo Ocampo Street, Malate, Manila

Current Account No. 100284000038
 Savings Account No. 100284000046

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Date Prepared:

TO: THE BANK MANAGER
 PHILIPPINE NATIONAL BANK
 HARRISON PLAZA BRANCH

CHECK NO.	DATE OF ISSUE	PAYEE	AMOUNT	DATE REGISTERED	REMARKS

NO. OF PCS OF CHECKS: TOTAL AMOUNT: P
 TOTAL AMOUNT IN WORDS:

CANCELLED CHECKS			Certified Correct By:	Delivered By:
CHECK NO.	DATE OF ISSUE	REMARKS	ELIZABETH T.AGULAN Cashier	
			Approved By:	Received By:

MERLITA R. IBAY
DED-AFMS

PHILIPPINE SPORTS COMMISSION

RMSC Pablo Ocampo Street, Malate, Manila

Current Account No. 222-850056-1
Savings Account No. 222-525530-2

ACIC NO.
FUND

NSDF

ADVICE OF CHECKS ISSUED AND CANCELLED

Date Prepared:

TO: THE BANK MANAGER
PHILIPPINE NATIONAL BANK
HARRISON PLAZA BRANCH

CHECK NO.	DATE OF ISSUE	PAYEE	AMOUNT	DATE REGISTERED	REMARKS

NO. OF PCS.OF CHECKS: TOTAL AMOUNT: P
TOTAL AMOUNT IN WORDS:

CANCELLED CHECKS		
CHECK NO.	DATE OF ISSUE	REMARKS

Certified Correct By:
ELIZABETH T. AGULAN
Cashier

Approved By:
MERLITA R. IBAY
DED-AFMS

Delivered By:

Received By:

Cash Voucher

Date : _____

PARTICULAR

Re: PAYMENT OF EXPENSES FOR THE _____

IN THE AMOUNT OF _____

(P _____).

- NOTE :**
- This is subject for liquidation within one week;
 - Upon receipt of this cash advance you are now personally liable and accountable for its proper & timely liquidation;
 - Failure to do would mean holding of the recipient's salary;
 - No purchase of equipment and the like shall be made out of it;
 - For submission of pertinent documents as follows :

TRANSPORTATION:

- Approved Actual Itinerary of Travel;
- Used Bus tickets;
- Certificate of Appearance.

SUPPLIES :

- Approved RIS and Purchase Request
- Inspection and Acceptance Report;
- Invoice and/or Official Receipts;
- Canvass/Quotation.

REPAIRS:

- Pre and Post Repair
- Inspection Report
- Report of Waste Materials
- Invoice/OR

FOOD/MEALS:

- Approved Request;
- Signed guest lists;
- Minutes/Brief of meeting;
- Form of Authority to serve food/OR.

APPROVED BY:

RECEIVED AND CONFORMED:

PHILIPPINE SPORTS COMMISSION

RMSC, Pablo Ocampo St. Malate, Manila

AUTHORITY TO SERVE FOOD/MEALS

Sir:

This is to request approval/authority to serve food/meals for the meeting with the following details:

Date: _____
Place: _____
**Expected Number
of Guest/Participants** _____
Agenda: _____

It is understood that a signed guest list shall be submitted after or upon completion of the meeting to support the payments made for food expenses.

Name and Signature of Requesting Party:

Recommending Approval: (optional):

Approved/Disapproved:

Date

BATANG PINOY 2014

CASH ADVANCE FORM

Date : _____

PARTICULAR

Re: PAYMENT OF EXPENSES FOR THE _____

IN THE AMOUNT OF _____

(P_____)

APPROVED BY:

RECEIVED AND CONFORMED:

BATANG PINOY 2014

CASH ADVANCE FORM

Date : _____

PARTICULAR

Re: PAYMENT OF EXPENSES FOR THE _____

IN THE AMOUNT OF _____

(P_____)

APPROVED BY:

RECEIVED AND CONFORMED:

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REIMBURSEMENT EXPENSE RECEIPT

Date _____ No. _____

RECEIVED FROM _____
(Name)

_____ the amount of
(Official Designation)

_____ (P _____)
(In Words) (In Figures)

in payment for _____
(Payment of subsistence, services,

rental or transportation should show inclusive dates, purposes,

distance, inclusive points of travel, etc.

PAYEE

Name/Signature _____
Address _____
Res. Cert. No. _____
Date of Issue _____
Place of Issue _____

WITNESS

Name/Signature _____
Address _____
Res. Cert. No. _____
Date of Issue _____
Place of Issue _____

REIMBURSEMENT EXPENSE RECEIPT

Date _____ No. _____

RECEIVED FROM _____
(Name)

_____ the amount of
(Official Designation)

_____ (P _____)
(In Words) (In Figures)

in payment for _____
(Payment of subsistence, services,

rental or transportation should show inclusive dates, purposes,

distance, inclusive points of travel, etc.

PAYEE

Name/Signature _____
Address _____
Res. Cert. No. _____
Date of Issue _____
Place of Issue _____

WITNESS

Name/Signature _____
Address _____
Res. Cert. No. _____
Date of Issue _____
Place of Issue _____