

| PETTY CASH VOUCHER | | No. : _____ |
|--|--------|--|
| Entity Name : MABALACAT CITY COLLEGE | | Date : _____ |
| Fund Cluster: _____ | | |
| Payee/Office : _____ Address : <u>Mabalacat City College</u> | | Responsibility Center Code: 3323 |
| <i>I. To be filled out upon request</i> | | <i>II. To be filled out upon liquidation</i> |
| Particulars | Amount | |
| | | Total Amount Granted _____ |
| | | Total Amount Paid per OR/Invoice No. _____ |
| | | Amount Refunded/ (Reimbursed) <u> </u> |
| A Requested by: | | C |
| Signature over Printed Name Name of Requestor | | <input type="checkbox"/> Received Refund |
| Approved by: | | <input type="checkbox"/> Reimbursement Paid |
| <u>MICHELLE AGUILAR-ONG, DPA</u> Signature over Printed Name Name of Immediate Supervisor | | <u>KRISTIANA JOY S. TUAZON</u> Signature over Printed Name Petty Cash Custodian |
| B Paid by: | | D |
| <u>KRISTIANA JOY S. TUAZON</u> Signature over Printed Name Petty Cash Custodian | | <input type="checkbox"/> Liquidation Submitted |
| Cash Received by: | | <input type="checkbox"/> Reimbursement Received by: |
| Signature over Printed Name Payee | | Signature over Printed Name Payee |
| Date: _____ | | Date: _____ |