FACULTY RESEARCH PROGRAM
University Research Coordination Office

LIQUIDATION/REIMBURSEMENT FORM

PROJECT NO.: _____

PROJECT TITLE: _____

_____

ACCOMPLISHED BY: _____

CASH ADVANCED: _____ AMOUNT TO BE REIMBURSED: _____

1. Transportation Expenses

DATE	TO	FROM	AMOUNT
		TOTAL	0.00

2. Reproduction of Materials (Xeroxing) Expenses

COST/PAGE	NO. OF PAGES	AMOUNT
	TOTAL	0.00

3. Materials, Supplies, Chemicals, Glasswares, etc. Expeses

QUANTITY	ITEM	AMOUNT
	TOTAL	0.00

4. Others

QUANTITY	ITEM	AMOUNT
	TOTAL	0.00

Grand Total : 0.00

Balance of Cash (Amount Refundable) : 0.00

NOTE: ALL RECEIPTS SHOULD BE ATTACHED TO THIS FORM

I hereby certify that the above figures are true and correct.

_____
Signature of Research Grantee

_____
Date