



De La Salle University
UNIVERSITY RESEARCH COORDINATION OFFICE

**FACULTY RESEARCH PROGRAM
LIQUIDATION/REIMBURSEMENT FORM**

PROJECT NO.: _____

PROJECT TITLE: _____

ACCOMPLISHED BY: _____

CASH ADVANCED: _____ AMOUNT TO BE REIMBURSED: _____

1. Transportation Expenses

Date

To

From

Amount

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total: _____



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2. Reproduction of Materials (Xeroxing) Expenses

| Cost/Page | No. of Pages | Amount |
|-----------|--------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | Total: _____ |

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

| Quantity | Item | Amount |
|----------|------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | Total: _____ |



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4. Others

| Quantity | Item | Amount |
|----------|------|--------|
| | | |
| | | |
| | | |
| | | |

Total: _____

Grand Total: _____

NOTE: ALL RECEIPTS SHOULD BE ATTACHED TO THIS FORM

Balance of Cash: _____
(Amount Refundable)

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

Signature of Research Grantee

Date