FACULTY RESEARCH PROGRAM

Research and Grants Management Office

# LIQUIDATION/REIMBURSEMENT FORM

PROJECT NO.:

PROJECT TITLE:

ACCOMPLISHED BY:

CASH ADVANCED:

AMOUNT TO BE REIMBURSED:

# Transportation Expenses

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | TO | FROM | AMOUNT |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | TOTAL |  |

1. **Reproduction of Materials (Xeroxing) Expenses**

|  |  |  |
| --- | --- | --- |
| COST/PAGE | NO. OF PAGES | AMOUNT |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | TOTAL |  |

Liquidation/Reimbursement Form Page -2-

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

|  |  |  |
| --- | --- | --- |
| QUANTITY | ITEM | AMOUNT |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | TOTAL |  |

1. **Others**

|  |  |  |
| --- | --- | --- |
| QUANTITY | ITEM | AMOUNT |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | TOTAL |  |

Grand Total :

Balance of Cash (Amount Refundable) :

# 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