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**TRANSACTION REGISTER**

|  |  |
| --- | --- |
| **CASH BALANCE** | |
| **Beginning balance** |  |
| **Add: Deposits** |  |
| **Less: Drawings** |  |
| **Ending balance** |  |

Institute/Organization:

Bank Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transaction Register Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DATE** | **VOUCHER #** | **PARTICULARS** | **PERSON**  **IN - CHARGE** | **CASH IN BANK** | | **MEMBERSHIP DUES** | **SPONSORHIP** | **SUBSIDY** | | **PROJECT**  **EXPENSES** | **OPERATIONAL EXPENSES** | **EXCESS** | |
| **DEPOSITS** | **DRAWINGS** | **FROM** | **AMOUNT** | **FROM** | **AMOUNT** |
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**Prepared by:**  **Checked by:**  **Approved by:**

*Treasurer*  *Auditor*  *President Adviser*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **C:\Users\bpatnugot\Downloads\Final SDev Logo (1).jpg**  **DISBURSEMENT VOUCHER**  **Voucher No.\_\_\_\_\_\_\_\_**  ORGANIZATION NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    PAY TO: DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CHARGE TO: PROJECT EXPENSES OPERATIONAL EXPENSES | | |  | **C:\Users\bpatnugot\Downloads\Final SDev Logo (1).jpg**  **DISBURSEMENT VOUCHER**  **Voucher No.\_\_\_\_\_\_\_\_**  ORGANIZATION NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    PAY TO: DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CHARGE TO: PROJECT EXPENSES OPERATIONAL EXPENSES | | |
| **PARTICULARS** | | **AMOUNT** | **PARTICULARS** | | **AMOUNT** |
|  | |  |  | |  |
| **Prepared by:**    *Treasurer*  **Approved by:**    *President*    *Adviser* | I**nstructions**    All vouchers are to be drawn in duplicate using black ink pen.  Withdrawal slips must be also drawn in duplicate.  The student organization will retain the organization copy for its file. The Student Development copy with all the necessary supporting documents will be used for auditing purposes. | | **Prepared by:**    *Treasurer*  **Approved by:**    *President*      *Adviser* | I**nstructions**    All vouchers are to be drawn in duplicate using black ink pen.  Withdrawal slips must be also drawn in duplicate.  The student organization will retain the organization copy for its file. The Student Development copy with all the necessary supporting documents will be used for auditing purposes. | |
| **STUDENT ORGANIZATION COPY** | | |  | **STUDENT DEVELOPMENT COPY** | | |

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**PETTY CASH REPLENISHMENT REPORT**

Institute/Organization:

|  |  |
| --- | --- |
| **DATE OF CASH ADVANCE:** | |
| **Cash Advance** |  |
| **Less: Expenses** |  |
| **Excess (Deficit)** |  |

Person-in-charge:

Petty Cash Replenishment Report Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REFERENCE PAGE** | **DATE** | **OR NO.** | **PAYEE** | **MEALS/**  **REFRESHMENTS** | **MATERIALS/**  **SUPPLIES** | **TRANSPORTATION** | **PRINTS** | **OTHERS** |
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**Received by:**  **Checked by:**  **Approved by:**

*Treasurer*  *Auditor*  *President Adviser*

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**POST-ACTIVITY LIQUIDATION REPORT**

|  |  |
| --- | --- |
| **Sources of Funds** | **Amount** |
| Organizational Fund |  |
| University Subsidy/SWF |  |
| Others (Please specify) |  |
| Total funds |  |

Institute/Organization: \_\_\_\_\_\_

Person in-charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Project: \_\_\_\_\_\_

Date and Time of the Project: \_\_\_\_\_\_

Venue of the Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Date submitted:

**SUMMARY OF EXPENDITURES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ORGANIZATIONAL FUND** | | | | | | | |
| **Reference**  **Page** | **Date** | **OR#** | **Nature of Expenditure** | **Approved Budget** | **Actual Expense** | **Excess**  **(Deficiency)** | **Remarks** |
|  |  |  | Certificates |  |  |  |  |
|  |  |  | Documentation |  |  |  |  |
|  |  |  | Food/Refreshments |  |  |  |  |
|  |  |  | Honorarium/Stipend |  |  |  |  |
|  |  |  | Materials |  |  |  |  |
|  |  |  | Program and Invitation |  |  |  |  |
|  |  |  | Token(s)/Prizes |  |  |  |  |
|  |  |  | Transportation |  |  |  |  |
|  |  |  | Venue(s) |  |  |  |  |
|  |  |  | Others (Please specify) |  |  |  |  |
| **TOTAL** | | | |  |  |  |  |

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| **UNIVERSITY SUBSIDY/SWF** | | | | | | | |
| **Reference**  **Page** | **Date** | **OR#** | **Nature of Expenditure** | **Approved Budget** | **Actual Expense** | **Excess**  **(Deficiency)** | **Remarks** |
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| **TOTAL** | | | |  |  |  |  |

**Prepared by:**  **Checked by:**  **Approved by:**

*Treasurer*  *Auditor President Adviser*

|  |  |  |
| --- | --- | --- |
| **AUDIT FINDINGS**: | CLEARED | WITH FINDINGS **\*** |
| **\****Please see Summary of Findings and take necessary actions immediately.* | | |



**ACKNOWLEDGEMENT RECEIPT**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I received the amount of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Php**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) **from** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as payment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECIPIENT’S SIGNATURE OVER PRINTED NAME

Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ACKNOWLDGEMENT RECEIPT**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I received the amount of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Php**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) **from** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as payment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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RECIPIENT’S SIGNATURE OVER PRINTED NAME

Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_