



**Colegio de San Juan de Letran**  
 Letran Research Center  
**EXPENSE LIQUIDATION REPORT**

**PURPOSE:** \_\_\_\_\_

**EMPLOYEE INFORMATION:**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Charged to: \_\_\_\_\_

Cash Requisition No. \_\_\_\_\_

Date	Ref	Description	Food	Transport	Supplies	Lodging	Mailing	Conference fee	Photocopying	Research Asst. Fee	Total

I certify the above expenses are for official business only.

**APPROVED:** \_\_\_\_\_ (Dean/Head)  
 Belinda V. de Castro, Ph.D. (Director, LRC)

Check No. \_\_\_\_\_

<b>Subtotal</b>	
<b>Less- Advances</b>	
<b>Refund(Reimbursement)</b>	

LRC-A105