**Reimbursement of Expenses Other Than Travel Checklist**

Payee:

Amount:

Particulars:

Supporting Documents: Two (2) copies collated

*(Put N/A if not applicable)*

* [ ]  Letter of Request to Regional Director
* [ ]  Summary of Expenses
* [ ]  Memorandum
* [ ]  Approved Budget
* [ ]  Official Receipt
* [ ]  Justification (if applicable)
* [ ]  Inspection and Acceptance Report for goods purchased
* [ ]  Requisition Slip
* [ ]  Inventory Custodian Slip for Semi-Expendable Items
* [ ]  Canvass/Quotation from at least 3 suppliers for purchases above P1000.00

[ ]  Canvass/Quotations

[ ]  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* [ ]  Certified Correct Meal Attendance (For Meal Expenses)
* [ ]  Certified Correct List of Recipients (For Goods/Items Received)
* [ ]  Other documents that are deemed necessary in the transaction
* [ ]  QAME Result per Concluded Activities / Trainings / Seminars (if applicable)
* [ ]  SARO (if applicable)

I hereby certify that above documents are complete and arranged as per checklist.

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

Signature over Printed Name / Date

Email Address:

Contact Number/s: