



Representation and Transportation Allowance Liquidation

Employee name:	
ID:	

Month/Year

Itemized Expenses

Monthly Allowance:

#	Date	Description	Category	Doc. Reference	Amount
1		Excess of previous month, if any			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

Certified: Correctness of the above data.
Claimant signature
Certified: Supporting documents complete and proper.
Rose Aimee G. Mangao, Controller

TOTAL	
Unliquidated (taxable)	
Excess (to next month)	

Finance & Accounting Dept.
Date received:
Withholding tax:
Processed by:

Categories: Food & beverage, Transportation, Gift & tokens, Others. Please liquidate monthly.
 Allowance not liquidated timely shall be subjected to tax.