



**UNIVERSITY OF MEDICAL SCIENCES
LAJE ROAD, ONDO, ONDO STATE**

CASH ADVANCE RETIREMNT FORM

(To be completed by Applicant in Triplicate)

- A. NAME (SURNAME LAST):..... DESIGNATION.....
- B. GRADE LEVEL..... PHONE NUMBER.....
- C. FACULTY:..... DEPT/UNIT:.....
- D. PURPOSE(S) OF TE CASH ADVANCE:.....
- E. DATE ON CHEQUE COLLECTED:.....
- F.

S/N	ANALYSIS OF DISBURSEMENTS	SUM TOTAL	EXPENDITURE GRADE
1.	Maintenance/ Repairs of Vehicles		
2.	Fuelling of Vehicle (Including Lubricants)		
3.	Transportation: - Mileage Claims - Taxi/Public Transport (Including Air and Rail Travel)Toll Feel, Parking Fee		
4.	Travelling / Subsistence: - Hotel Accommodation/ Feeding - Night Allowance - Launch Allowance		
5.	Photocopying/Printing		
6.	Purchase: Consumable Non- Consumable		
7.	Others: 1		
	2		
	3		
	4		
8.	Total Expenditure		
9.	Unspent Balance paid to cash Office Cash Receipt No:..... Date:..... Attach Origin Receipts)		
10.	Total D8 + D9		
11.	Total Amount of Advance taken		
12.	Refund due (D10 – D11)		

Note: Invoice/ Receipts to be serially arranged, endorsed and attached by advances
 I certify that the expenditure were incurred by me for the benefit of the University of Medical Sciences

.....
 SIGNATURE OF ADVANCEE DATE

G. Dean/HOD Certification of Expenditure

I certify that the statement of the expenditure detailed above is corrected.

.....
 NAME OF DEAN/HOD SIGNATURE & DATE

H. Internal Audit Clearance.

(H) Bursary to Complete

I certify that the claims, receipts are

(I) Loan & Advances

Acceptable and the goods

J.V. NO:.....

Purchase have been physically verified

Date:.....

Balance Owing:.....

N:..... Overspent

Signature:.....

Is recommended for refund

Date:.....

Signature:.....

Date:.....

BURSARY'S COMMENT:.....

.....
 SIGNATURE DATE

GUIDE FOR COMPLETION/USE

1. Staff rendering account to complete section A-E of this form
2. Deans or Head of Department to complete section F.
3. Staff rendering accounts to submit forms and receipts to Internal Audit
4. Accountant (Accountant Loan Advance) to distribute copies of forms in the following manner

- *Original - Attach to Journal
- *Duplicate - File up
- * Triplicate - Return to Staff