



KING MULTIPURPOSE COOPERATIVE

King MPC Bldg., 4 Palma Gil St., Davao City
Tel. nos. (082) 227-1127, 226- 4636; Telefax 221-0462, 227-1128

REQUEST FOR REIMBURSEMENT

NAME: _____ POSITION: _____
NATURE OF ACTIVITY AND OUTPUT:

DATE OF ACTIVITY: _____

NATURE OF CLAIM:

PER DIEM _____ P _____

Transportation – OR NO. _____

Others (Specify): _____

TOTAL (in words): _____ P _____

CERTIFICATION:

I hereby certify my claim is true & correct to the best of my knowledge and that I have actually undertaken the above stated activity. Official Receipts attached.

Signature of Claimant

Chapter

Verified by:

APPROVED FOR PAYMENT:

Accounting Dept.

Received Payment: P _____

Paid under voucher# _____

Amount P _____

Check # _____

Dated _____

Signature