|  |  |
| --- | --- |
|  |  |

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PURPOSE OF CLEARANCE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INCLUSIVE DATES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This is to certify that Prof./Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is cleared from money, property and other accountabilities within the jurisdiction of this unit/office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHEBE M. PASION**

 Immediate Supervisor Chief, Supply and Property Mgt. Office

**IMELDA C. CORPUZ** **ELIZA G. VILLARIN**

 Chief, Accounting Office Director, University Library System

Recommend Approval: Approved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SHIRLEY C. AGRUPIS**

VP for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ President

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

Note: To be accomplished in five (5) copies (HRM *Section, Records, Accounting, Cashier, Self)*