



BABCOCK UNIVERSITY

ILISHAN REMO

STATEMENT OF EXPENSE

NAME: DATE COLLECTED ADV.....

DATE OF SUBMISSION..... DEPARTMENT.....

S/N	NATURE OF EXPENSE	INVOICE/ RECEIPT DATE	INVOICE NO.	HOTEL BILL	FUEL	OTHER ITEMS BOUGHT	TOTAL AMOUNT ₦

Purpose _____

TOTAL EXPENSES	
ADVANCE COLLECTED	
BALANCE DUE TO OR FROM BU	

Officer's Signature _____

HOD's Signature _____

Internal Audit _____

Budget Officer _____

Note:
 kindly attach a copy of the relevant cash advance form
 otherwise your settlement will not be processed.

Any excess spent on the approved budget without due permission
 will not be honoured by Bursary. Thank you.

OFFICE USE

I certify that the expenditure is correct and refund
 made on receipt No _____

Accountant's Signature

Bursar's Signature

