



Republic of the Philippines
OFFICE OF THE CHIEF MINISTER
Bangsamoro Autonomous Region in Muslim Mindanao
BARMM Complex, Cotabato City

REIMBURSEMENT EXPENSE RECEIPT

Entity Name: _____

Fund Cluster : _____

Date : _____

RER No. : _____

RECEIVED from _____
(Name)

_____ the amount
(Official Designation)

of _____ (P. _____)
(In Words) (in Figures)

in payment for _____
(Payments for subsistence, services,

rental or transportation should show inclusive dates,

purpose, distance, inclusive points of travel, etc.)

PAYEE

Name/Signature _____

Address _____

WITNESS

Name/Signature _____

Address _____