

**Cash Advance Reconciliation Form**

Advanced Amount: \_\_\_\_\_

Voucher #: \_\_\_\_\_

Account # Upon Disbursement 10-00000-13510 Advances \_\_\_\_\_

Authorized Staff Signature \_\_\_\_\_

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

Please submit form, plus any excess monies to the Finance Office.

Date	Item	Account #			Amount
		(##)	(#####)	(#####)	
1		-	-	-	
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
6		-	-	-	
7		-	-	-	
8		-	-	-	
9		-	-	-	
10		-	-	-	
11		-	-	-	
12		-	-	-	
13		-	-	-	
14		-	-	-	
15		-	-	-	
16		-	-	-	
17		-	-	-	
18		-	-	-	
19		-	-	-	
20		-	-	-	
21		-	-	-	
22		-	-	-	
23		-	-	-	
24		-	-	-	
25		-	-	-	

Unused Funds: \_\_\_\_\_ Total Disbursement \_\_\_\_\_  
 Cash Reimbursement to Finance: \_\_\_\_\_

**\*\*Receipt from Finance for reimbursement must be attached to form**

**Please submit the signed sheet to Accounts Payable and retain a copy for your records.**

\*Completed forms and receipts must be submitted within 2 weeks of completion of Travel /Event

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

Signature: \_\_\_\_\_