Cash Advance Reconciliation



Complete this form to reconcile expenses paid with the cash that was advanced to you prior to your travel. Please attach all receipts to this form. Any expense not accompanied by a receipt may be rejected.

Employee Name		Employee Email		
Employee Z#		Travel dates		
Total	al Amount of Cash Advanced	\$	1	
			 n	D
Date	Merchant name	Dollar Amount	Business purpose	Receipt Attached
Total Cash Spent				
Amount due to/(from) University		\$		
	nses listed above were paid u			e prior to my business trip.
	mpleted the required reconci	nanon ana ana		
Employee Signature:			Date:	