

# North Carolina State University Cash Advance Reconciliation

Department: \_\_\_\_\_

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

Advance Document #: \_\_\_\_\_ Amount: \_\_\_\_\_

Expenditures (Attach receipts):

<u>Account Number</u>	<u>Object Code</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Expenditures:</b>			\$ _____

Amount Returned: (Funds must be deposited within one day of event) \$ \_\_\_\_\_

Deposit Slip \_\_\_\_\_ \$ \_\_\_\_\_

Total Advance \$ \_\_\_\_\_

I certify that the above expenditures were made in accordance with applicable University policies:

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

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