

Departmental Advance Reconciliation Report

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Name:			Date:			
Address:			Phone:			
E-mail Address:			Dept:			
	Cash Advance Voucher	#:				
	Please use this form to reconcile ex <u>Original</u> receipts mu			sh advances.		
Date of Expense	Brief Description and Purpo Items Purchased	ose for	Cost	Funding	Account Code	
	Total Expenses:					
	ne above expenses are true and un official KUCR activities. Original re				olved	
		Total Cas	h Advance:			
SIGNATURE		Less Total Expenses:				
		Balance Due Payable to KUCR:				
APPROVAL AUTHORITY SIGNATURE			Due Payable to			

Traveler: