

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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Expenditures:**     \$ \_\_\_\_\_

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: \_\_\_\_\_