

CASH ADVANCE RECONCILIATION

Check Number: _____

Name: _____

Telephone #: _____

Date Receipts Returned: _____

- *The University is exempt from the payment of Connecticut State Sales Tax; therefore, any charges for sales tax on purchases will be the responsibility of the requestor.*
- *Please include ORIGINAL receipts attached to an 8^{1/2} x 11 sheet of paper.*
- *Cash advances may not be combined.*

A	Amount of initial advance	\$
	Expenses: <i>List each receipt separately</i>	
1		\$
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13	Less: Sales Tax (does not apply to meals – Ex: pizza)	()
B	Total Expenses: (line 1-13)	\$
C	Cash Returned - Deposit unused funds with Bursar – receipt to A/P	
	Total: (Line A minus B & C) Must equal \$0 unless additional funds are owed to submitter. Enter amount owed here. Please include appropriate form for reimbursement (payment request form/employee reimbursement form- CO-17XP)	\$

For Accounting Use Only

Reviewed by: _____ *Date:* _____