



Do not use this form to reconcile a cash advance, rather, use the Cash Advance Reconciliation form. To reconcile expenses, fill out the first page, then begin entering expenses on page 2. If using Google Chrome or an Apple brand device, open this form in Adobe Reader. It will not work in Preview.

Employee Name				Submit Date				
Employee ID Number				Supervisor Name				
Destination				Organization Nur	mber			
Depart Date				Activity Code (if a	Activity Code (if applicable)			
Return Date				Below, please list t	he duties of the spou	se/dependent:		
Spouse/Dependent Na	ame							
Purchase Order (PO) N	um.							
Make sure you fill in I top of pages 2-6 will no	-		dates at the					
	ow is automatically accounts to be used l					mber for		
Description		Org	Acct	Activity	Acco	unting Amt		
			٦	Total Expenditures				
Vehicle Type: (Mileage Ra			ally. Last update 6/2			
certify that I have exami urchasing policies. I als tated above is for colleg	o certify that any mile	eage expense:	s claimed are t	rue and accurate to				
mployee/Cardholder								
	Printed Name			Signature		Date		
Supervisor / VP								
	Printed Name			Signature		Date		





Employee Name	Employee ID Number					
Travel Date						
Cities Visited						
Airfare (6200)						
Parking/Tolls (6217)						
Rental Car / Gas (6203)						
Taxi/Bus (6203)						
Train (6225)						
Miles Driven						
x Mileage Rate (6203)						
Subtotal						
Hotel & Lodging (6205)						
Breakfast (6224)						
Lunch (6224)						
Dinner (6224)						
Subtotal						
Conference Reg. (6204)						
Gratuity / Misc (6217)						
Subtotal						
Daily Totals						





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Train (6225)						
Miles Driven						
x Mileage Rate (6203)						
Subtotal						
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Subtotal						
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Subtotal						
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