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## FOREIGN ACCOUNTABLE ADVANCE RECONCILIATION FORM

(REQUISITION FOR REPORTING OF EXPENSES INCURRED ON UNIVERSITY BUSINESS)

Requistion No.	$\mathbf{T}$

SEND TO: TRAVEL SERVICES, 405 ADMINISTRATION BLDG. Employee No. EXPENSES RELATING TO ACCOUNTABLE ADVANCE #: Date: \_\_\_\_ Non-reimbursable expenses Reimbursable expenses Paid by direct billing or reimbursed by others Meals or per diem Transportation & other Hotel/lodging Description Date 4 Totals ⇒ Advance paid to: Total Amount of Advance Amt of expenses previously reported Department/Address Amt of expenses in current report Contact Name \_ Ph Number: \_ One-over-one name: Total expenses reported to date Claimant's signature: Signature : \_ I hereby certify that this is a correct statement of expenses which were Balance of advance remaining \$ incurred on university business and that all actual or anticipated payments or FOAP signing authority name : \_\_\_ reimbursements by others have been incorporated (in compliance with U of M policy #317) Budget Available Checked By as of Claim date Distribution of reimbursement expenses: Initials