University of Manitoba

RESET FORM

NUMBER LINK

FOREIGN ACCOUNTABLE ADVANCE RECONCILIATION FORM

(REQUISITION FOR REPORTING OF EXPENSES INCURRED ON UNIVERSITY BUSINESS)

SEND TO: TRAVEL SERVICES, 405 ADMINISTRATION BLDG.

Requistion No. **T** _____

Employee No. **E** _____

EXPENSES RELATING TO ACCOUNTABLE ADVANCE #: _____

Date: _____

		Reimbursable expenses			Non-reimbursable expenses
Date	Description	Transportation & other	Hotel/lodging	Meals or per diem	Paid by direct billing or reimbursed by others
		$	$	$	$
	Totals ⇨	1 0.00	2 0.00	3 0.00	4 0.00

Advance paid to:

Name _____

Department/Address _____

Contact Name _____ Ph Number: _____

Claimant's signature: _____

I hereby certify that this is a correct statement of expenses which were incurred on university business and that all actual or anticipated payments or reimbursements by others have been incorporated (in compliance with U of M policy #317)

One-over-one name : _____

Signature : _____

FOAP signing authority name : _____

Signature: _____

Total Amount of Advance		$
Amt of expenses previously reported	$	
Amt of expenses in current report	$	
Total expenses reported to date		$
Balance of advance remaining		$

Approved

Distribution of reimbursement expenses:

F	O	A	P	A	L				Budget Available as of Claim date	Checked By Initials
						$				
					Total	$ 0.00				