

Employee Cash Advance Reconciliation

Employee Name: _____
Employee ID: _____
Department: _____
Date: _____
Advance Reference #: _____

Advance Details

Date Issued	Amount	Purpose
_____	_____	_____

Expense Report

Date	Description	Amount	Receipt Attached
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
Total Expenses		_____	_____

Total Advance Received: _____

Total Expenses: _____

Amount to be Returned / Reimbursed: _____

Employee Signature
Date: _____

Supervisor/Manager Signature
Date: _____