Reset Form

St. Olaf College
Advance Return Form
(with required receipts attached)

Date: _____

Department name: _____

Contact Name: _____

Phone: _____

Unit #: 10 - _____ - 11650
company **unit** account

Original advance amount _____

Less cash returned with this form: _____

Less total of expenses listed below: _____

= Reimbursement due to employee _____

NOTE: If the advance was for an event that created revenue, deposit any money in excess of the advance with a separate deposit slip coding to your unit number and revenue account (e.g. 10-XXXXX-46500).

EXPENSE BREAKDOWN - DETAILED RECEIPTS REQUIRED (can summarize below and attach detail)

Date	Details (locations, miles)	Account #	Amount
		Total Expenses	**0.00**