EAS		MICH			<b>VERSI</b>	st updated 10/17/14	
	C	ash Advance	Reconcilia	tion Form	l		
Employee Name					EID#		
Email		Phone	Home Address				
Business Purpose		Destination					
		Destination		Times and Dates of Departure and Arrival			
Fund	Orgn.	Account	Program	Activity	Location	Amount	
Tunu	Orgn.	Account	riogram	Activity	Location	Amount	
				<u> </u>	+		
				1	+		
Type of Expense					Payment Card Amount	Cash or Personal Credit Card Amount	
					+		
					+	<u> </u>	
					+		
					+		
					+		
					+	1	
					+	1	
					1	1	
Le				Total Expense			
					Less Payment Card Expenses		
Less Persor					l Expenses		
I hereby certify that these expenses were incurred by me and reimbursable under published travel procedures of Eastern Michigan University.				Sub-total			
				Less Travel A	dvance		
Signature of Recipient Date							
Approval(s) - All approve	ers must adhere to the sign	latory policy.					
				Amount to be	Reimbursed or		
Approval Signature			Date	(Returned to University)			