



SAN DIEGO STATE UNIVERSITY

# IRA/SSF ARP Cash Advance Reconciliation Form (Non-Travel Cash Advance)

*Must be completed within two weeks of when you receive the funds*

Payee Name: \_\_\_\_\_

Program Name /Event & Date: \_\_\_\_\_

Amount Received: (A) \$ \_\_\_\_\_

Expenditures: (Attach Receipts)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Expenses: (B) \$ \_\_\_\_\_

(A) - (B) = Amount that must be Reimbursed to SDSU or Refunded to the Payee. (A) - (B) \$ \_\_\_\_\_

I certify that the above expenditures were incurred for the above stated program/event.

\_\_\_\_\_  
Payee Date

\_\_\_\_\_  
Program Advisor Date

\_\_\_\_\_  
Dean or Designee Date

For Accounts Payable/Cashier Use Only: CRS 20095 Original Acct: \_\_\_\_\_