

## 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
<b>Total Expenses</b>			