Financial Services Office

RECORD OF OPERATIONAL ADVANCE EXPENDITURES

Date of Expense	Payee Name	Payee SSN	Payee Address, City, State, Zip	Signature of Payee for Cash/Gift Card Received	Amount Received

NOTE: Due to security sensitive data contained on this form it **MUST** be maintained in a secure location.

TOTAL PAGE _____ $ -

*The above expenditures were necessary and allowed for the benefit, objectives and provisions of this project in accordance with University and sponsor.