



## LOCAL PROGRAM ADVANCE RECONCILIATION REPORT

REPORT DATE: \_\_\_\_\_ COMPLETED BY: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_ AREA: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_ ADVANCE AMT: \_\_\_\_\_ CHECK #: \_\_\_\_\_

Record all expenses as they occur. List the date of purchase, a brief description of the purchase, where the purchase was made, and the amount of purchase. Attach original receipts for all purchases.

### EXPENSE RECORD

DATE	DESCRIPTION OF EXPENSE	VENDOR NAME	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL EXPENSES</b>			\$

### RECONCILIATION

Advance Amount	\$
Less Total Expenses	\$
Advance Amount Remaining	\$
Excess Expenses *to be Reimbursed	\$

### \*Reimbursement Due To:

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please mail this form along with all expense receipts to: Special Olympics Idaho, 8426 Fairview Ave., Boise, ID, 83704.

**If returning unused advance money, DO NOT SEND CASH THROUGH THE MAIL. Convert all cash to a money order prior to forwarding.**

Office Use Only: Total Received: _____ Date Received: _____ Verified By: _____
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