



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
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL EXPENSES			\$

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, 199 E 52nd St Garden City ID 83714.
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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