

Jacksonville State University

Advanced Funds Voucher

Team: _____

Account No: _____-_____-_____-_____

Trip Dates: _____ to _____

Destination: _____

Funds Advanced: _____

Expenditures

Meals (Attach Meal List):

From-To	Amount	Date	Amount	Date	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Meals: \$ _____

Per Diem (Attach Petty Cash List)

From-To	Amount x	# of students x	# of days	
_____	_____ x	_____ x	_____	= \$ _____
_____	_____ x	_____ x	_____	= \$ _____
_____	_____ x	_____ x	_____	= \$ _____

Total Cash Provided: \$ _____

Rooms (Attach Rooming List):

From-To	Amt per room x	# of rooms x	# of nights	
_____	_____ x	_____ x	_____	= \$ _____
_____	_____ x	_____ x	_____	= \$ _____
_____	_____ x	_____ x	_____	= \$ _____
_____	_____ x	_____ x	_____	= \$ _____

Total Rooms: \$ _____

Other (Itemize and Attach Original Receipt):

Date	Description	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Other: \$ _____

Total Expenditures

\$ _____

Funds Returned

\$ _____

I certify that only student(s) expenditures were paid from this Petty Cash advance and that according to the documentation and to the best of my knowledge, this is in compliance with all regulations and policies. I understand that I must pay back any funds not properly administered.

Received by/date: _____
Signature Date

Reviewed by/date: _____
Accounts Payable Date

Checked in by: _____
Cashier Date

_____ Date
Disbursements Manager

Date