



Advance Reconciliation Form

Name

Date

Destination

Dates of Travel From : To:

Cost Centre Name

Total Expenditure from Page 2	\$	Exchange Rate	NZD	Notes
Currency 1				Attach Expenditure Summary
Currency 2				
Currency 3				

Total Expenses To agree with totals on Page 2

(Attach Cashiers Receipt) **Total Funds Returned**

Total Expenses And Funds Returned

Less Original Advance

Amount To Be Repaid to University or

Amount To Be Reimbursed To Employee

Employee Signature

Approved By (HoD, Delegated Authority)
Signature

Name

Upon Completion of this form, the signed form needs to be returned to the Accounts Payable Office, Financial Services Division.

Or Fax to: 03 479 7996

Or Scan the completed and signed form and email to: accounts@otago.ac.nz