

CASH ADVANCE RECONCILIATION

(Form must be COMPLETELY filled out)

Date of Activity: _____ Check #: _____ Check Amount: _____

****ATTACH ALL RECEIPTS TO THIS FORM****

Date	# of People Fed	Vendor Paid:	Amount

TOTAL OF RECEIPTS: \$

CASH NOT SPENT: \$

TOTAL: \$

TOTAL AMOUNT ALLOWED FOR THIS TRIP

Total Meals Allowed _____ x \$12.00 = \$ _____

****NOTE: TOTAL RECEIPTS + CASH NOT SPEND MUST EQUAL CHECK AMOUNT****

Los Lunas Schools Receipt Number: _____

Approved By: _____

(Principal, Secretary, Athletic Director)

Signature: _____

(Coach, Sponsor)