

CHECK ADVANCE RECONCILIATION FORM

Student Organization Finance Office

Norris University Center

(847) 491-2328 ♦ sofo@northwestern.edu

DATE: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: 2 0 _ _ _ - _ _ _

CHECK INFORMATION:

DATE PRINTED: _____ CHECK #: _____ AMOUNT: _____

PAYEE: _____ VOUCHER #: _____

DESCRIPTION OF USE OF FUNDS: _____

Under Spent

Amount: _____ Deposit No.: _____ Date: _____

Over Spent

Reimbursement

Amount: _____ Voucher No.: _____ Date: _____

Spent Exact Amount

Officer's Signature

----- For Office Use Only -----

Verified Receipts

Verified Deposit

Verified Reimbursement

Voucher No: _____

Receiving Attendant _____

Date: _____

Reviewed by Supervisor

Entered in Database

Supervisor Signature _____

Date: _____