

JE # _____

RE # _____

UPAY # _____

Agent Expenditure Report

Agent _____

Accounts Receivable CCN _____

Activity _____ Dates of Activity _____ to _____

EXPENDITURES (Attach the original receipts and group by category, where applicable.)

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

TOTAL EXPENSES \$ _____

CASH ADVANCE \$ _____

AMOUNT RETURNED \$ _____

AMOUNT DUE AGENT \$ _____

CCN TO BE CHARGED _____

Agent's Signature _____ Date _____

Approval

Dean/Director/Department Chair (cannot be same as agent) _____ Date _____