

Agent Expenditure Report

University of Arkansas – Controller’s Office – Administration Building Room 310

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 _____

Controller’s Office Use Only

JE # _____ UPAY payment # _____

RE # _____ UPAY refund # (if applicable) _____