RECORD OF OPERATIONAL ADVANCE EXPENDITURES

DATE OF EXPENSE	VENDOR NAME OR PAYEE NAME AND SECURITY NUMBER	SIGNITURE OF PAYEE FOR CASH RECEIVED	EXPENSE OBJECT CODE	AMMOUNT		CONVERSION RATE
				US	FOREIGN	

The above expenditures were necessary and allowed for the benefit, objectives and provisions of this project in accordance with University and sponsor.

_____ _____

Recipient of advance funds- print name Signature

_____ _____

Responsible Person – print name Signature