



307.1.4f - Reconciliation of Cash Advance for Study Subjects

ONE GC FORM PER VOUCHER

Cash Advance Voucher #: _____ Open Item #: _____
Business Unit: _____ Fund: _____ Source: _____
Account: _____ Dept. ID: _____ OSR Project ID: _____
Check Made Payable to: _____ Amount: _____ Date: _____
Contact: _____ Phone: _____
CB #: _____ Email address: _____

Distribution of Cash/Gift Cards:

Approval

Chartfield String to be Charged

1. Date: _____ Receipt #(if applicable): _____ Paid to Participant #: _____ Amount: _____	Business Unit: _____ Fund: _____ Source: _____ Account: _____ Dept. ID: _____ OSR Project ID: _____
2. Date: _____ Receipt #(if applicable): _____ Paid to Participant #: _____ Amount: _____	Business Unit: _____ Fund: _____ Source: _____ Account: _____ Dept. ID: _____ OSR Project ID: _____
3. Date: _____ Receipt #(if applicable): _____ Paid to Participant #: _____ Amount: _____	Business Unit: _____ Fund: _____ Source: _____ Account: _____ Dept. ID: _____ OSR Project ID: _____
4. Date: _____ Receipt #(if applicable): _____ Paid to Participant #: _____ Amount: _____	Business Unit: _____ Fund: _____ Source: _____ Account: _____ Dept. ID: _____ OSR Project ID: _____
5. Date: _____ Receipt #(if applicable): _____ Paid to Participant #: _____ Amount: _____	Business Unit: _____ Fund: _____ Source: _____ Account: _____ Dept. ID: _____ OSR Project ID: _____
6. Date: _____ Receipt #(if applicable): _____ Paid to Participant #: _____ Amount: _____	Business Unit: _____ Fund: _____ Source: _____ Account: _____ Dept. ID: _____ OSR Project ID: _____
7. Date: _____ Receipt #(if applicable): _____ Paid to Participant #: _____ Amount: _____	Business Unit: _____ Fund: _____ Source: _____ Account: _____ Dept. ID: _____ OSR Project ID: _____
8. Date: _____ Receipt #(if applicable): _____ Paid to Participant #: _____ Amount: _____	Business Unit: _____ Fund: _____ Source: _____ Account: _____ Dept. ID: _____ OSR Project ID: _____

Total \$: _____

Summary for Voucher Input

Approval

1. *Debit* Date: _____ Initial: _____

Credit Date: _____ Initial: _____

2. *Debit* Date: _____ Initial: _____

Credit Date: _____ Initial: _____

3. *Debit* Date: _____ Initial: _____

Credit Date: _____ Initial: _____

4. *Debit* Date: _____ Initial: _____

Credit Date: _____ Initial: _____

Chartfield String to be Charged

Business Unit: _____ Fund: _____ Source: _____

Account: _____ Dept. ID: _____ OSR Project ID: _____

Business Unit: _____ Fund: _____ Source: _____

Account: _____ Dept. ID: _____ OSR Project ID: _____

Business Unit: _____ Fund: _____ Source: _____

Account: _____ Dept. ID: _____ OSR Project ID: _____

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Account: _____ Dept. ID: _____ OSR Project ID: _____

Business Unit: _____ Fund: _____ Source: _____

Account: _____ Dept. ID: _____ OSR Project ID: _____

Complete study subject documentation is maintained in the department (Social Security # and complete home address, if required). [See How to Brochure – Payments to Individuals for more information.](#)

"The payments listed on this reconciliation form were given for the purpose stated and conditions of the agreement."

Principal Investigator **Date**

Project/Study Coordinator **Date**

This form should be submitted with a Cash Advance Voucher.