



## Shippensburg University Student Services, Inc.

Fiscal Office | CUB 204  
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 Business Hours: Monday – Friday, 8 am – 4 pm

### Athletics Petty Cash Reconciliation Form

Sport/Budget: \_\_\_\_\_

Date: \_\_\_\_\_

**Opponent and/or Purpose of Trip:**

\_\_\_\_\_  
 \_\_\_\_\_

Meals ( ): Date(s) of Funds Use: _____				Other Expenses		
No. in Group: _____	Total Amounts			Description	Account Number	Total
Breakfast # _____	x \$ _____	each	= \$ _____	_____	1 - 6 ____	= \$ _____
Lunch # _____	x \$ _____	each	= \$ _____	_____	1 - 6 ____	= \$ _____
Dinner # _____	x \$ _____	each	= \$ _____	_____	1 - 6 ____	= \$ _____
Per Day # _____	x \$ _____	each	= \$ _____			
	Meals Total		= \$ _____			

**Travel ( ): \_\_\_\_\_**

Destination: \_\_\_\_\_

Mileage: \_\_\_\_\_ x \_\_\_\_\_ /mile = \$ \_\_\_\_\_

Tolls (Attach Receipts) = \$ \_\_\_\_\_

**Lodging ( ): \_\_\_\_\_**

(Attach Receipts) = \$ \_\_\_\_\_

**\*\*LIST OF ATTENDEES WITH SIGNATURES, RECEIPTS, AND MILEAGE VERIFICATION ARE REQUIRED UPON RETURN\*\***

**Total Expenditure:** \_\_\_\_\_ **Advance Received:** \_\_\_\_\_ **Balance Returned:** \_\_\_\_\_ **Balance Due:** \_\_\_\_\_

\_\_\_\_\_  
 Authorized Representative Name & Email

\_\_\_\_\_  
 \*Signature Date

\_\_\_\_\_  
 Athletic Administration Name & Email

\_\_\_\_\_  
 \*Signature Date

\_\_\_\_\_  
 Fiscal Office Signature Date

**\*\*All signatures are required. Signatures may not be typed. Electronic signatures must be digitally certified via Adobe.\*\***