

**Finance Department
Advanced Cash Reconciliation Form**

Custodian Details

Name: Job Number:

Project Details

Sponsor Grant Number: Project PI:

Award Number: Project Number:

Amount Details:

Total Amount of the advance:

List of Items to be Purchased Using Advanced Cash

Purchase Date	Supplier	Invoice	Task/ Budget Category	Amount (QAR)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Amount (QAR):				<input type="text"/>

Refund Claim Amount (QAR)

****Please attach the Original receipts/invoices of all expenditure items; Invoice Splitting is not allowed**

Signature of Principle Investigator (PI)
