



### 307.1.4f - Reconciliation of Cash Advance for Study Subjects

ONE GC FORM PER VOUCHER

Cash Advance Voucher #: \_\_\_\_\_ Journal ID : \_\_\_\_\_  
 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

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

**Total \$:** \_\_\_\_\_

### Summary for Voucher Input

#### Approval

1. *Debit* Date: \_\_\_\_\_ Initial: \_\_\_\_\_

*Credit*

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

*Debit*

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

2. *Credit*

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

*Debit*

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

3. *Credit*

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

*Debit*

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

4. *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: \_\_\_\_\_

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: \_\_\_\_\_

Business Unit: \_\_\_\_\_ Fund: \_\_\_\_\_ Source: \_\_\_\_\_  
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

