JOHNS HOPKINS SHARED SERVICE CENTER

REMOTE IMPREST RECONCILIATION REPORT

DATE: _____

Remote Fund ID: _____ **Custodian Name: _____**

Fund Amount: _____

Expense Breakdown

GL No.	CC/IO	Fund	USD Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Disbursements: _____

Cash on Hand: _____

Fund Total: _____

Custodian Signature: _____

This certifies that I have reviewed and verified this report. All expenditures reported herein are in compliance with University Policies.

Administrator Signature: _____

Print Form