



## 6.33.12 ACQUITTAL FORM

*For use by Accounts Payable (AP) unit only:*

**AP will prepare and process the Reimbursement – Accountable Advance**

Name: \_\_\_\_\_ Staff/Student.No: \_\_\_\_\_ Phone: \_\_\_\_\_

Faculty/Section: \_\_\_\_\_ Dept/School/Office: \_\_\_\_\_

Advance Amount Received: \_\_\_\_\_ AP Doc#: \_\_\_\_\_ Payment Date: \_\_\_\_\_  
(Refer to your Payment – Remittance Advice for AP Doc#, Payment Date)

Reimbursement Amount: \$ \_\_\_\_\_

<b>1) AP Section:</b>	<b>PV#</b> _____ <b>Date:</b> _____
	<b>Fund</b> _____ <b>Org</b> _____ <b>Account</b> _____ <b>Prg</b> _____ <b>Amt</b> _____
	<b>Fund</b> _____ <b>Org</b> _____ <b>Account</b> _____ <b>Prg</b> _____ <b>Amt</b> _____
	<b>Fund</b> _____ <b>Org</b> _____ <b>Account</b> _____ <b>Prg</b> _____ <b>Amt</b> _____
	<b>Total:</b> _____

<b>Checked by:</b>			
<b>Sr. Accountant</b>			

<b>Payment Details:</b>	
<b>Chq No:</b> _____	<b>Date:</b> _____
<b>Signatory initials:</b> 1. _____ 2. _____	