

University of Kansas
Center for Research, Inc.
Financial Services
www.rgs.ku.edu

**PARTICIPANT PAYMENT
ADVANCE
RECONCILIATION REPORT**

Youngberg Hall
2385 Irving Hill Rd
Lawrence, KS 66045-7563
Telephone: 785-864-3441
Fax: 785-864-5025

Email Questions to: rgsaccounting@ku.edu

This completed report, with the proper receipts and documentation, should be returned to KU Center for Research Financial Services in Youngberg Hall within 30 days of the completion of your activity or research.

NAME (on advance): _____ REPORT DATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____ PHONE: _____

PARTICIPANT ADVANCE SUMMARY

Please include a summary and receipts for all disbursements relating to research subject payments.
Only when all documentation is on file at KUCR, will an advance be considered reconciled.

WORKSHOP/STUDY DESCRIPTION: _____

PRINCIPAL INVESTIGATOR(S): _____ PROJECT #: _____

DEPARTMENT: _____ ADVANCE VOUCHER #: _____

FINANCIALS:

If depositing remaining advance funds, <u>or</u> if amount disbursed to research subjects equals amount advanced, please complete the table below.	
(Line 1) Total amount advanced:	\$
(Line 2) Amount disbursed:	\$
Amount due to KUCR (Line 1 minus Line 2)	\$

If you used personal funds in addition to your advance and need to be reimbursed, please complete the table below.	
(Line 1) Amount disbursed:	\$
(Line 2) Total amount advanced:	\$
Amount due to Advance Recipient (Line 1 minus Line 2)	\$

APPROVAL

Advance Recipient Signature

Approval Authority Signature

Notes: _____

