Office of the New York State Comptroller Bureau of State Accounting Operations Cash Advance Account Confirmation & Reconciliation Form as of March 31st

as of March 31st						
Business Unit:				Fiscal Year:		
Agency Name:				Bank Name:		
Department Code:			Bank Account Number:			
(1)	(2)	(3)	(4) Add:	(5) Add:	(6) Less:	(7)
Vendor ID	Advance Type	Bank Balance March 31st	Pending Reimbursements	Other (Give Explanation)	Outstanding Checks	Advance Amount March 31st
	TOTALS	-	-	-	-	-
INSTRUCTIONS:						
	e this form, run the NY_ pnciliations and Annua		HORIZED_LIMIT publ	ic query. For detailed	instructions, see GF	O Section VII.10.F -
(1) List each 041 Ve	endor ID assigned to th	e advance.				
For each Vendor ID:	<u>.</u>					
(3) Bank balance at(4) Total amount of(5) Total amount of(6) Total amount of(7) Calculate the ad	i.e. Petty Cash, Travel, mount from the March is reimbursements not y reconciling items (cha outstanding checks as Ivance amount (column 31st. An explanation n	31st bank statement et reflected on the M inge funds, shortage s of March 31st. ns 3-6). Total must e	larch 31st bank staten ss, overages, etc.) and qual the advance amo	nent. I attach a detailed expl ount on the NY_AP_CA		ZED_LIMIT public
Form Preparer: Preparer's Email Address:			_	Date: Telephone No. ()_		
Form Reviewer:			_	Date:	 -	
Reviewer's Email Address:			-	Telephone No. ()_		