

Reconciliation Form

Organization Name _____

Reconciling Statement Month _____

Reconciling Statement Ending Balance _____

Deposits **NOT** on Statement

Date deposited: Amount:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Deposits Not on Statement (add) _____

Reimbursements or Payments **NOT** on Statement

Date turned in: Vendor Amount:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Reimbursements or Payments Not on Statement (subtract) _____

Reconciled Balance _____

Balance as shown on Ledger _____

Financial Officer Signature _____

Date _____

Advisor Signature _____

Date _____