

Reconciliation Form

Organization Name _____

Account Number

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 _____

Attach a Copy of your Ledger