

# 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**