

TREASURER'S MONTHLY REPORT FORM -- BANK RECONCILIATION

This form ***MUST*** be completed each month by the Treasurer of the Zone or Decentralized Association for each bank account operated by the Association ***in order to comply with insurance guidelines***.

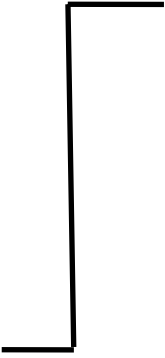
Once the Treasurer has completed this form, the President is to affix his/her signature to the bottom of the form affirming that he/she has verified that the information provided is correct.

| | |
|----------------------------|---------------------------------|
| ZONE/DC ASSOCIATION: _____ | |
| TREASURER'S NAME: _____ | SIGNATURE: _____ |
| DATE OF REPORT: _____ | RECONCILIATION FOR MONTH: _____ |
| DATE OF MEETING: _____ | |

BANK ACCOUNT NAME: _____ **BANK ACCOUNT NUMBER:** _____

| CHEQUES OUTSTANDING | | |
|---------------------|--------|--|
| NAME OF PAYEE | AMOUNT | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | |

| | | |
|---|--|--|
| Closing Balance on enclosed statement | | |
| Plus Deposits made after statement closing date | | |
| SUB TOTAL | | |
| Less Outstanding Cheques | | |
| EQUALS | | |
| CHEQUE BOOK BALANCE | | |
| DIFFERENCE (IF ANY) | | |



PLEASE ATTACH BANK STATEMENT (or copy of passbook) FOR THE ABOVE RECONCILIATION

PRESIDENT'S SIGNATURE: _____ **DATE:** _____

Note: Treasurers who wish to submit this form electronically should contact the office for appropriate procedure.

PRESIDENT'S AUTHENTICATION CODE: _____