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		Closing Balance on		
NAME OF PAYEE	AMOUNT	enclosed statement		
		Plus Deposits made after statement closing date		
		SUB TOTAL		
		Less Outstanding Cheques		
		EQUALS		
		CHEQUE BOOK BALANCE		
		DIFFERENCE (IF ANY)		
TOTAL			<u> </u>	<u> </u>

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

PRESIDENT'S SIGNATURE: _____DATE: _____DATE: _____DATE: _____

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

PRESIDENT'S AUTHENTICATION CODE: _____