



Ontario 5 Pin Bowlers' Association

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: _____

Outstanding Cheques				Closing Balance on enclosed Statement			
Name of payee	Amount		}	[+] Deposits made after statement closing date			
				Sub Total			
				[-] Outstanding Cheques			
				Equals			
				Cheque Book Balance			
				Difference (if any)			
Total							

Please attach bank statement (and/or copy of passbook) for the above Reconciliation

President's Signature: _____ Date: _____

Note: Contact the office for appropriate procedures if submitting this form electronically.

President's Authentication Code: _____