	UW MADISON ACCOUNTING SERVICES BANK RECONCILIATION WORKSHEET						
US Bank XXXXX	Month End: July 2013						
Bank Account Name:	Month End. July 2015						
Custodian Name:							
	NCE TO BANK STATEMENT						
BALANCE PER BANK STATEMENT	7/31/2013	\$	\$4,750.00				
DEPOSIT(S) IN TRANSIT		\$					
		\$					
		\$					
TOTAL		\$	\$4,750.00				
ADJUSTMENTS (DESCRIBE)		\$					
Outstanding checks Month of May		\$					
Outstanding checks Month of June		\$					
Outstanding checks Month of July		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
Additional Bank Adjustments		\$					
		\$					
		\$					
TOTAL ADJUSTMENTS		\$	\$0.00				
ADJUSTED BANK BALANCE	alance per Checkboo	\$	\$4,750.00				

CHECKBOOK BALANCE TO THE AUTHORIZED BALANCE					
BALANCE PER CHECKBOOK	7/31/2013	\$	\$4,750.00		
UNREIMBURSED EXPENDITURES:		\$			
Checks written Month of May		\$			
Checks written Month of June		\$			
Checks written Month of July		\$			
		\$			
		\$			
		\$			
		\$			
ADJUSTMENTS (DESCRIBE)		\$			
Stop Payments enter as (-)		\$	(\$250.00)		
		\$			
		\$			
		\$			
TOTAL		\$	\$4,500.00		
LESS: AUTHORIZED FUND BALANCE		\$	\$4,500.00		
DIFFERENCE	(Should be zero)	\$	\$0.00		
REPLENISHMENT SUBMIT TO CASH MANAGEMENT		\$	(250.00)		



Custodian Fund Accounting Form University of Wisconsin-Madison, Accounting Services After approvals have been obtained, send form and related documents to: Cash Management, 21 N. Park St., Suite 6101

Vendor Num]					Voucher Number:				
Amount		Date	Account	Fund		DeptID			Project	Custodian Fund ID	
-		10/11/2013								NR	
(250.00)			2637	233			000000	X	PRJ12AB	(max 7 digits) 0 123456	
(230.00)			2037	233			00000	л	I KJIZAD	0 125450	
Increase/D	Decrease Am	ount	Chec	k Attached XX			Reimbu	rsement due		Final Report	
Custodian	Name:	Joe Custodian				To: (Complete if different than custodian address)					
Check pays	able to:	US Bank XXXXX				Deliver to:					
Building:						Building:					
Address:						Address:					
City:			Zip:			City:				Zip:	
State: Call (name at	nd nhone n	umber) for	Zip.			State:		Checl	k Amount:	Zip.	
Date	Receipt #			It	emized Exp	enditures		Cheel	a remount.	Amount	
	1										
		Repenishable Bank									
				ct Number: XXXXXXX							
			Bank /	Acct Name: User Guide							
		IRB #	Program 1	Expenses Lis	t in order o	of Account Cod	e				
		7 Digits	Account	Fund	Dep	ptID	Prog.	Pro	ject		
00/00/10	a 1 <i>4</i>		0.00					DD 14			
09/23/13	Check #	2013-122	2637	233	000	0000	Х	PRJ1	ZAB	(250.00)	
								ļ			
								<u> </u>			
								I	Total	\$ (250.00)	
				Tempora	ry Custodi	ian Funds (list a	as a positive m	umber) (leave	e blank if replenishable)	
		· · · · · · · · · · · · · · · · · · ·									
					D.:. 1	(B) (hh. a - 1	44	e (250.00)	
		Reimbursement Due (positive amt) / Check to be attached (negative amt)					\$ (250.00)				
		Open Balance Custodian Funds ID: NR 123456 \$20,00				\$20,000.00					
Date: Custodian (Employee)					Doon/D:	rector Approva	al	Date:			
Customan (Employee)					Dean/Di	ector Approva	aı	Dale.			
Date:											
Department Approval					Authorized	d Institutional	Approval	Date:			
								(For Accounting Serv	rices Use Only)		

Form instructions: http://www.bussvc.wisc.edu/acct/instructions/capp3.html

Form name: capp3.xls

Last updated: 06/2010