

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		
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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: _____