

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 | |
| | | |
| | | |
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| | | |
|-------|--|--|
| 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: _____