



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: _____