

## 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.

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	
<b>TOTAL</b>		

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:** \_\_\_\_\_