

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