

SPECIAL OLYMPICS KANSAS
Cash Reconciliation Form

PROGRAM NAME: _____

TEAM NUMBER: _____

MONTH(s): _____ YEAR: _____

PREPARED BY: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (____) _____ WK (____) _____

EMAIL: _____

1. CASH BALANCE, BEGINNING OF MONTH:
(Ending balance from prior month's cash reconciliation)

Checking Account + _____

Savings Account + _____

Other (Investments, CD's) please specify + _____

 1a. Total (Should equal Line 4 of previous Month) = _____

2. RECIEPTS (Total from Cash Receipts Journal)..... + _____

3. CHECKS (Total from Cash Disbursements Journal) - _____

4. TOTAL CASH BALANCE (End of Month Checking, Savings & Other)..... = _____

5. CHECKS OUTSTANDING (Checks listed on disbursements journal which + _____
have not cleared the bank.)

6. DEPOSITS IN TRANSIT (Deposits listed on receipts journal which have - _____
not cleared the bank.)

Total = _____

7. TOTAL CASH BALANCES = _____