

Ardmore Enterprises, Inc.

Consumer Funds Reconciliation Form

Consumer's Name: _____

Home (Check One):

BOXFORD

CHAUTAUQUA

VICTORIA H

HARDWOOD

KORNETT

OLD CHAPEL

POINTER RIDGE

PROSPECT

RIVERTON

TINDER PLACE

TWIN CEDAR

ISS

Check # _____ Check Amount: \$ _____ Check Date: _____

Check Payable to: _____

Total of all receipts: \$ _____ Balance: \$ _____

Complete the following for balances greater than 0:

Balance returned to accounting: Yes No

If no, please explain:

Completed by: _____ Submitted on: __/__/__
Printed Name/Signature

Reviewed by: _____ Date: __/__/__
Director of Residential Services

Received by: _____ Date: __/__/__
AP/Payroll Administrator

Attachments: copy of corresponding check, original receipts & expense report form