

# Ardmore Enterprises, Inc.

## Reconciliation Form

Program: \_\_\_\_\_

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***