

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