



Working Fund Reconciliation for: _____
 Department/Unit Name

06 Research 07 Extension 20 TVMDL

For the Month ended: _____

Note: When entering a reduction, please enter the amount as a negative number.

Bank Balance as of:		\$	
PLUS: Outstanding Deposits:			
		\$	
LESS: Outstanding Checks:			
<i>Check Numbers:</i>			
		\$	
Reconciled Bank Balance:		\$	
<hr style="border: 1px solid black;"/>			
Checkbook Balance as of:		\$	
PLUS: Reimbursable Items			
<i>Sub-Voucher Numbers</i>			
		\$	
PLUS/MINUS: Other Items			
		\$	
Reconciled Book Balance:		\$	
TOTAL WORKING FUND AUTHORIZED:		\$	

Prepared:

Name: _____

Title: _____

Date: _____

Approved:

Name: _____

Title: _____

Date: _____