

**Reconciliation Form**

Name: \_\_\_\_\_ Request Date: \_\_\_\_\_  
 Event/Purpose: \_\_\_\_\_ Event Date: \_\_\_\_\_  
 Amount Advanced: \_\_\_\_\_  
 Check #: \_\_\_\_\_

**\*\* PLEASE ATTACH ALL RECEIPTS \*\***

Date	Travel	Lodging	Other	Notes
<b>Totals:</b>				

I hereby certify the above is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Requestor)

**DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY TREASURER**

Travel Expenses Total: \_\_\_\_\_  
 Lodging Expenses Total: \_\_\_\_\_  
 Other Expenses Total: \_\_\_\_\_  
 TOTAL EXPENSES: \_\_\_\_\_

Amount Requested/Advanced: \_\_\_\_\_  
 (minus) Total Expenses: \_\_\_\_\_  
 (minus) Amount Returned: \_\_\_\_\_  
 Balance/Discrepancy: \_\_\_\_\_

I hereby certify the above is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Treasurer

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Verified by another SZF Trusted Servant