

Student Government Association of Barnard College

# MONTHLY RECONCILIATION FORM

Month:

Organization:

Account Number:

	<b>EXPENSE</b>	<b>INCOME</b>
Event Description		
<b>TOTALS</b>		
<b>PREVIOUS BALANCE</b> (last month's balance)		
<b>ENDING BALANCE</b> (previous balance – this month's expenses + this month's income)		

\_\_\_\_\_ Please include your e-mail address if you would a confirmation letter.

**\*\* THIS MUST BE RETURNED BY THE FIRST OF THE FOLLOWING  
MONTH\*\***