

RECONCILIATION

2336 Elmwood Avenue
Columbia, South Carolina 29204

Check Number

AMOUNT OF CHECK ADVANCE \$ _____ CHECK DATE ____/____/____

WAS THIS A BUDGETED REQUEST? YES NO

BUDGET CATEGORY _____
(Give the number and name of the budget line-item)

PURPOSE/FUNCTION

PAYEE _____
(Name of person/vendor - One person/vendor per voucher)

**ITEMIZED LISTING OF EXPENDITURES WITH ATTACHED RECEIPTS
(ATTACH SEPARATE SHEET IF NEEDED)**

| | |
|--|----|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

AMOUNT DUE CHURCH \$ _____ AMOUNT DUE PAYEE \$ _____

SIGNATURE _____ DATE ____/____/____

DO NOT WRITE BELOW

FINANCE OFFICER'S SIGNATURE

DATE RECEIVED

DATE RECONCILED TO GUIDANCE COUNCIL ____/____/____