**UMBC WORKING FUND**

**RECONCILIATION OF FUNDS DISBURSED**

**CHECKING ACCOUNT AND CASH HOLDERS**

**DISBURSED AMOUNT**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AS OF (DATE**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CASH ON HAND OR**

**BALANCE IN CHECKING ACCOUNT** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AMOUNT OF ATTACHED RECEIPTS** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL OF PRIOR RECEIPTS SUBMITTED** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL (Should prove to the amount disbursed)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SHORTAGE/OVERAGE** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Monthly fees, Check Fees, etc.)**

**EXPLANATION:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I certify that I have reviewed each of the original receipts attached and find them to be just and correct, and that none of them have previously been submitted for reimbursement.

Signature of Advance Holder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Business Mgr:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_