Office of the Provost  
Monthly Budget Reconciliation Sheet

Budget Number: __________________________

Budget Name: ____________________________

Month/Year: _____________________________

Reconciler Name: _________________________

Reconciler Signature: _____________________

Fiscal Administrator Name: ________________

Fiscal Administrator Signature: ____________

Reconciling of transactions posted to this budget for the month specified was performed by the Reconciler and reviewed/approved by the Fiscal Administrator named above.

Any outstanding issues associated with this budget for the specified month that require additional follow-up are itemized below:

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