

OCHL Team Bank Account & Cash Reconciliation

- Complete the following form electronically only (do not print and hand-write); portions of the form will calculate automatically
- E-mail completed form and copy of bank statement by the 20th of the following month to treasurer@ochl.ca

Team Name					Banl	k Name		
Coach Name					Banl	k Acct #		
Manage	er Name						•	
Month		Statement start date				Statement end date		
BANK	RECO	NCILIATION			CAS	H REC	ONCILIA	TION
Opening	g balance	(per statement)		Opening cash amount*			
DEPOSITS					*Take ending amount from prior month			
From parents					Casi	n collected		
	sponsors	<u> </u>				n spent		
	fundraise					n deposited	d to bank	
Cash	deposits							
Total de	posits				Endi	ng cash ar	mount	
EXPEN	SES							
Ice re	ental							
Tournament related costs*								
Other**								
Total expenses								
Opening balance + deposits – expenses			xpenses					
Closing	balance (per statement)						
*Including r **Specify o		fees, travel, etc.				-		
Ву	checking	this box, I certi	fy that the above inform	mation is t	true and	d accurate.		
 Signature	Signature Name						_ Date	