

**TOWN OF WALPOLE
RECONCILIATION FORM - YTD BUDGET REPORTS
For the Month Ended**

Department: _____

Department records are in agreement

Department Records are not in agreement, explanation below:

For Expense corrections, please indicate:		Posted to: Account number	Transfer to: Account Number	Amount	Explanation
Vend #	Inv # Vouch #				

Department Head Signature _____ Date _____ Town Accountant _____ **D**

Please return to the Accounting Office no later than 15 days upon receipt