

Mt. Diablo Unified School District

MONTHLY CLEARING CASH RECONCILIATION

Site/Dept./Program _____ Month/Year _____

Bank _____

1. Ending Balance from Clearing Statement: _____

2. Deposits in Transit: + _____

3. Checks Abated to District - _____

4. Adjustments (if any): +/- _____

Explanation:

5. Balance Clearing Account Checkbook = _____
(Must equal Checkbook balance and Bank Reconciliation balance)

6. Attach a copy of the front and the completed back of the bank statement to this form and send to Internal Auditor.

Prepared by:

Print Name

Signature

Date

Administrator:

Print Name

Signature

Date