

**LORING PTO TREASURY**  
**Fund Reconciliation - 2011**  
**This form must accompany all funds submitted to the PTO.**  
(Please Print)

Event: \_\_\_\_\_  N/A

Budget line(s): \_\_\_\_\_ Amount: \_\_\_\_\_

Budget line(s): \_\_\_\_\_ Amount: \_\_\_\_\_

Amount enclosed:

Cash	_____	_____		
Check	_____	_____	Number of checks	_____ <i>PTO USE ONLY</i>
Other	_____	_____	Specify	
<b>TOTAL</b>	_____	_____		

Are all checks payable to Loring PTO?  Yes  No  N/A

If no, please follow up to ensure that checks are made payable to Loring PTO.

Are there outstanding funds?  Yes  No

If yes, please approximate the date by when all funds are expected: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(required)

When funds are ready for transfer, please notify me by phone or email.

Amy Adolfsson, PTO Co-Treasurer  
a\_adolfsson@yahoo.com

**TREASURER'S USE ONLY**

Follow-up Date: _____	Comment: _____
Resolution Date: _____	
Deposit Date: _____	
Deposit Amount: _____	
Treasurer's Initials: _____	