

**NORTH KANSAS CITY SCHOOL DISTRICT**

**VERIFICATION OF SCHOOL FUND RECONCILIATION FOR:**

\_\_\_\_\_ School Name

Verification of the Activities Reconciliation Report for the month of: \_\_\_\_\_

I have examined activity report GL2027 and agree with all information. **YES / NO**

If no, please explain. \_\_\_\_\_

Do you have accounts with negative balances? **YES / NO**

If yes, please explain. \_\_\_\_\_

Attach additional documentation if necessary.

Do you have a Petty Cash Fund? **YES / NO**

If yes, indicate date last reconciled. \_\_\_\_\_

Are you aware of any undeposited funds in your building? **YES / NO**

If yes, please explain. \_\_\_\_\_

Have you provided your sponsors with a monthly detailed printout of their activity fund account for their personal review? **YES / NO**

Do you have the Sponsors Monthly Report Confirmation (ARC) on file? **YES / NO**

Date: \_\_\_\_\_

\_\_\_\_\_  
Building Principal or Activities Director

\_\_\_\_\_  
Administrative Assistant

**Please remember that this verification needs to be e-mailed to the accounting dept by the 20<sup>th</sup> of each month.**