

**STATE OF MONTANA
STATEWIDE ACCOUNTING SYSTEM**

**RECONCILIATION FORM
IMPREST CASH ACCOUNT (1102)**

1) Agency Number/Name	
2) Fund Number	3) Authorized Amount
4) Location of Account(s)	5) For Month/Year Ending (mm-yyyy)

6) Cash Reconciliation *(complete fields below)*

All imprest cash accounts must be reconciled monthly on this form. This original form should be maintained by the agency along with detail of disbursements not yet replenished. For more information, refer to MOM Chapter 2-1900. This form is available at the Accounting Bureau's Internet web site.

Cash	Currency	Qty	Total	
	Other			
	Coin			
	Total Cash			+ _____
	Replenishment Claims in Transit			+ _____
	Invoices Not Yet Reimbursed			+ _____
	Paid-Out Slips			+ _____
	Adjustments <i>(explain below)</i>			+/- _____
	Total <i>(must equal authorized amount)</i>			= _____

7) Explanation

To Be Completed by Agency		
Certification: The above reconciliation is a true representation of the condition of the indicated non-treasury cash account authorized for the above agency and fund.	Authorized Signature	Date