

Manual Checks Control Report

Campus _____

For period from _____ through _____
Date Date

Manual Checks Reconciliation

1. Next available check number: _____
2. Prior Report next available check number (prior report, line 1): _____
3. Count of consumed checks this period (line 1 minus line 2): _____

Adjustments to Consumed Checks this Period (List reasons for voiding checks; attach voided checks)

Check #	Reason
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Adjustments Count: _____
5. Net number of checks distributed for payment (line 3 minus line 4): _____
(Line 5 must equal line 10 below)

Check Signature Machine Reconciliation

6. Next available signature machine number: _____
7. Prior Report next available signature machine number (prior report, line 6): _____
8. Count of signature machine numbers used this period (line 6 minus line 7): _____

Adjustments to Consumed Signature Machine Numbers (List accidental impressions, testing, etc.)

Machine #	Reason
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. Adjustments Count: _____
10. Net number of machine signatures used (line 8 minus line 9): _____
(Line 10 must equal line 5 above)

Report Prepared By: _____
Signature Date

Report Reviewed by Fiscal Agent/Designee: _____
Signature Date

This report to be completed at the end of any day checks are issued. If there is no activity, for control purposes, report must be completed and submitted a minimum of once a week. Upon completion send report to District Office Accounts Payable, Attn: Linda Lease.