|  |  |  |  |
| --- | --- | --- | --- |
| MONTHLY RECONCILIATION OF | | | |
| **POSTAGE STAMPS ON HAND** | | | |
|  | FOR THE MONTH OF |  |  |
|  | DEPARTMENT NAME |  |  |
|  | DEPARTMENT NUMBER |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of stamps on hand per the usage records | | | |  |
|  | |  | |  |
| Reconciling items: | | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| Number of stamps on hand per the physical count of stamps | | | |  |

Prepared by (Custodian):

|  |  |
| --- | --- |
|  |  |
| Name | Date |

Reviewed by (Department Sponsor):

|  |  |
| --- | --- |
|  |  |
| Name | Date |

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| A copy of the completed reconciliation is to be forwarded to |
| Financial Services, Evans Hall, room 303. |