|  |
| --- |
| 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 |

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