

CASH BOOK

MONTH & YEAR: _____

#	DATE	RECEIPT #	FROM / TO	DESCRIPTION	IN	OUT	BALANCE	REC
1				OPENING BALANCE				
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21				CLOSING BALANCE				

BANK BOOK

MONTH & YEAR: _____

#	DATE	CHECK #	RECEIPT #	FROM / TO	DESCRIPTION	IN	OUT	BALANCE	REC
1					OPENING BALANCE				
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21					CLOSING BALANCE				

INCOME BOOK

Month _____
& Year: _____ Donor: _____

Budget _____
Amount: _____

#	DATE	RECEIPT #	DESCRIPTION	AMOUNT	ACCUMULATED TOTAL	REC
1				OPENING BALANCE		
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21			TOTAL			

EXPENSE BOOK

Month _____
& Year: _____

Budget Line _____
Name & Number: _____

Budget _____
Amount: _____

#	DATE	RECEIPT #	VENDOR AND DESCRIPTION	AMOUNT	ACCUMULATED TOTAL	REC
1				OPENING BALANCE		
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21			TOTAL			

Balance

Balance from: _____

Cash Book Balance		Income	
Bank Book Balance		Expenses	
Pending Cash Advances			
Total		Income — Expenses =	

Financial Report

Organization: _____ Donor: _____
 Project Period: _____ Report Period: _____

MONEY AVAILABLE

Money Available at the Beginning of This Month:	
Money Received This Month:	
Money Spent This Month:	
Money Available at the End of This Month:	

TRIAL BALANCE

Cash Book Balance		Income	
Bank Book Balance		Expenses	
Outstanding Cash Advances		/ / / / / / / / / / / / / / / /	
Total		Income — Expenses =	

BUDGET REPORT

RECEIPTS		
Total Budget	Total Income Received to Date	Outstanding Balance Not Yet Received

EXPENSES						
No.	Expense Category	Total Budget Amount For This Category	Current Month Expenditure	Expenses to Date	Balance	% Spent
1						
2						
3						
4						
Total						

Cash Advance Report # _____

STEP ONE: THE CASH ADVANCE

Date:	Issued By:
Check #:	Signature:
Amount:	Received By:
Amount in Words:	Signature:

PART TWO: RECEIPTS

DATE	RECEIPT #	VENDOR AND DESCRIPTION	AMOUNT
TOTAL RECEIPTS:			

PART THREE: RECONCILIATION

1	Total Receipts (from Step Two):		Receipts and Change Submitted By:	
2	Cash Returned:		Signature:	Date:
3	Cash Advance (from Step One):		Received By:	
4	Total Receipts Plus Cash Returned (lines 1 + 2):		Signature:	Date:
5	Balance (lines 3 - 4):			