## SPECIAL OLYMPICS NEW MEXICO, INC.

AREA/LOCAL PROGRAM

## **ADVANCE RECONCILIATION FORM**

## **IMPORTANT NOTE**:

NO FURTHER ADVANCES CAN BE PROCESSED UNTIL THIS FORM IS RETURNED TO THE CHAPTER OFFICE.

| PROGRAM NAME:  |                          |                        |                                |                                |  |
|--|--------------------------|------------------------|--------------------------------|--------------------------------|--|
| PROGRAM DIRECTOR:  |                          |                        |                                |                                |  |
| PHONE NUMBER:  |                          |                        |                                |                                |  |
| DATE OF REQUEST:   |                          | (1) ORIGINAL ADVA      | ANCE AMOUNT:                   |                                |  |
| Δ  | ALLOCATION OF EXPE       |                        |                                |                                |  |
| DESCRIPTION / EXPLANATION  |                          | EXPENSE TYPE           | AMOUNT                         | FOR OFC USE ONLY -<br>GL ACCT# |  |
|  |                          |                        | \$                             |                                |  |
|  |                          |                        | \$                             |                                |  |
|  |                          |                        | \$                             |                                |  |
|  |                          |                        | \$                             |                                |  |
|  |                          |                        | \$                             |                                |  |
|  |                          |                        | \$                             |                                |  |
|  |                          | (2) SUBTOTAL           | \$                             |                                |  |
|  |                          |                        | (1) minus (2) =<br>BALANCE     | \$                             |  |
|  |                          |                        |                                |                                |  |
| F BALANCE IS POSITIVto be return                                 | E (ADVANCE EXCEEDS       | S EXPENSES), I have    | enclosed                       |                                |  |
| F BALANCE IS NEGATI  | VE (EXPENSES EXCEE       | D ADVANCE), please     | choose one:                    |                                |  |
| ☐ Re   | fund Requested           | ☐ Donate to A          | ☐ Donate to Area/Local Program |                                |  |
| If no selection is m   | ade, the balance will be | e treated as an in-kin | d contribution to              | this program.                  |  |
| THIS COMPLETED FORM MUST BE RETURNED TO THE SONM CHAPTER OFFICE. |                          |                        |                                |                                |  |