## 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:				SONM.0
PROGRAM DIRECTOR:				
PHONE NUMBER:				
DATE OF REQUEST:		(1) ORIGINAL ADVA	ANCE AMOUNT:	
A	ALLOCATION OF EXPENS	SES (receipts must	be attached)	
DESCRIPTION / EXPLANATION		EXPENSE TYPE	AMOUNT	FOR OFC USE ONLY - GL ACCT #
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
		(2) SUBTOTAL	\$	
			(1) minus (2) = BALANCE	\$
F BALANCE IS POSITIVE (ADVANCE EXCEEDS EXPENSES), I have enclosedto be returned to my account.				
F BALANCE IS NEGATI	VE (EXPENSES EXCEED	ADVANCE), please	choose one:	
□R€	☐ Donate to A	☐ Donate to Area/Local Program		
If no selection is m	ade, the balance will be t	reated as an in-kin	d contribution to	this program.
THIS COMPLETED FORM MUST BE RETURNED TO THE SONM CHAPTER OFFICE.				