

FIELD TRIP RECONCILIATION

Function: _____ **Subledger:** _____

Teacher Name: _____ **Field Trip Date:** _____

Grade: _____ **Field Trip Site:** _____

COLLECTION INFORMATION

Amount Collected per Student: _____

No. of Students: _____

Total Amount Collected: _____

Receipt of Collection No: _____ Amount: _____ Receipt of Collection No: _____ Amount: _____

Receipt of Collection No: _____ Amount: _____ Receipt of Collection No: _____ Amount: _____

Receipt of Collection No: _____ Amount: _____ Receipt of Collection No: _____ Amount: _____

DEPOSIT INFORMATION

Treasurer Name: _____

Deposit Date: _____ Deposit No. _____ Deposit Amount: _____

Deposit Date: _____ Deposit No. _____ Deposit Amount: _____

Deposit Date: _____ Deposit No. _____ Deposit Amount: _____

Deposit Date: _____ Deposit No. _____ Deposit Amount: _____

Deposit Date: _____ Deposit No. _____ Deposit Amount: _____

Deposit Date: _____ Deposit No. _____ Deposit Amount: _____

Deposit Date: _____ Deposit No. _____ Deposit Amount: _____

Total Amount Deposit for the Field Trip: _____

AMOUNT PAID

Transportation: # of Student: _____ Amount per Student: _____ Total Paid: _____

Admission per Student: # _____ Amount per Ticket: _____ Total Paid: _____

Other: # _____ Amount per Ticket: _____ Total Paid: _____

Total Amount Paid for this Field Trip: _____

Total Amount Collected: _____

Total Amount Paid: _____

Differences: _____

Teacher's Signature: _____

Treasurer's Signature: _____

Principal's Signature _____