FIRST UNITED METHODIST CHURCH
CREDIT CARD RECONCILIATION FORM

Date:

Date	Business	Description	Amount	Account
		Total: $	**-**	

Summary:	**Amount**	**Account #**
$		
$		
$		
$		
$		
$		
$		
$	**-**	

Signature: _____ **Date:** _____
Staff Member & Title

Form Created: June 6, 2001