

**TOWN OF FOXBOROUGH
MANAGEMENT REPORT RECONCILIATION FORM**

Department _____ Dept # _____

_____ Date (MMYY)

_____ Yes, our department records agree with those appearing on the Management Report.

_____ No, our department records do not agree with those appearing on the Management Report.

Our records indicate variances in the following accounts as listed below:

Posted to		Transfer to		Amount	Vendor #	Invoice #	Comments
Org Code	Object Code	Org Code	Object Code				

_____ Authorized Signature

_____ Date

PLEASE REVIEW AND RETURN TO THE ACCOUNTING OFFICE WITHIN 15 DAYS