2009 TEAM RECONCILIATION FORM

SPORT: Primary / Secondary Boys / Girls _____
Manager:
Contacts:

NAME	UNIFORM	LEVIES	TRANSPORT	EXCURSION	PINS	PHOTOS	SOUVENIRS	TRAINING	OTHER	TOTAL	PAID	PAID	PAID	PAID	BALANCE
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
										$0.00					$0.00
TOTALS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00					$0.00

This form is to be returned to the School Sport Office along with the deposit and receipt books **before team departure.**
All money collected must be receipted and deposited into the School Sport ACT St George bank account.

I confirm that the information provided on this form is a true and accurate record of the financial status of the team.

Team Manager's signature and date: