

Reconciliation of Deposits to Sales

Organization Name _____	State ID Number 35-
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1 Total deposits from _____, 20____ to _____, 20____.....	1		
2 Add ending cash on hand (see Note 1 below)	2		
3 Total deposits and cash on hand (add lines 1 and 2).....	3		
Subtract:			
4 Beginning cash on hand (see Note 2 below)	4		
5 Non-pickle card deposits (see Note 3 below).....	5		
6 Prizes paid by check (see Note 4 below)	6		
7 Subtotal (add lines 4, 5, and 6)	7		
8 Total deposits from pickle card sales (line 3 minus line 7)	8		
9 Total pickle card net sales (from computation of pickle card sales)	9		
10 Difference long/(short) for the current period (line 8 minus line 9) (see Note 5 below)	10		
11 Difference long/(short) carried forward from prior period (line 12 on last report)	11		
12 Accumulated year to date difference over or (under) deposit (line 10 plus or minus line 11) (_____, 20____ through _____, 20____) Long/(Short)	12		

Explanation for Difference (if known): _____

Notes:

- Note 1: **Cash on hand** is cash and checks that have **not** been deposited into the pickle card bank account. This includes any pickle card petty cash that is maintained (kept on hand) on a daily basis to pay winning pickle cards and cash in any pickle card dispensing device (machine).
- Note 2: **Beginning cash on hand** must be the same as the ending cash on hand on the previous period's reconciliation.
- Note 3: **Non-pickle card deposits** are any deposits that are **not** generated from the sale of pickle cards such as the redeposit of bad checks, money received from the sale or rental of pickle card machines, loans from other accounts.
- Note 4: Include checks written for prizes and to replenish start up cash.
- Note 5: You will be long or short from one period to the next, depending on the status of pickle card units in play at the beginning and end of the period.
- Note 6: A copy of this report should be submitted to the governing body of the organization for their review.

Please Remember:

1. Your reconciliation is due within 10 days of the end of the period.
2. You **must** send with the reconciliation a copy of your **check register or check stubs and bank statement** for the same time period as the reconciliation.

sign here

Signature of Preparer _____

Daytime Phone Number _____

Signature of Officer (Other than Preparer) _____

Daytime Phone Number _____

If you need assistance, please refer to one of the numbers listed on the back of this page.

For assistance or blank forms call:

Lincoln

Gail Ross 402-471-5955
Gail.Ross@nebraska.gov

Scottsbluff

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