



**UNM-Gallup Index Reconciliation Form**

Please complete and return to Dept Chair/Manager by the 15th of every month.

Department Information

Department: _____ Preparer's Name: _____ Email Address: _____	Date: _____ Month/Year _____ Phone # _____ Index # (s) _____
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I have reviewed all of the Indices that I am the Index Budget Manger for and request the following changes. If no changes are indicated, then the indices are accurate.

Journal Voucher Information

MOVE FROM:

Date of Transaction	Vendor	Index Number (6 digits)	Banner Account Code (4 digits)	Decrease Amount

Total: \_\_\_\_\_ -

MOVE TO:

Date of Transaction	Vendor	Index Number (6 digits)	Banner Account Code (4 digits)	Increase Amount

Total: \_\_\_\_\_ -

Explanation:

Note:

Payroll Information

Index	Name	Payroll Number	Amount	Missing or does not belong?

To the best of my knowledge, this form has reconciled the indices listed for the month as indicated above.

\_\_\_\_\_ Dept Chair/Manager Signature

\_\_\_\_\_ Date