

# Tightwad Fire Protection District

## Account Reconciliation Verification

Under penalty of law, I, \_\_\_\_\_, hereby swear or affirm that the attached reconciliation has been prepared by me, as Treasurer, on behalf of the Tightwad Fire Protection District (District) for the following account:

- VISA® Purchasing Card (P-Card)
- Fleet Fuel Program
- Merchant or vendor charge account at \_\_\_\_\_  
(merchant or vendor name)
- Bank account at \_\_\_\_\_ (bank name)

With account number ending in \_\_\_\_\_ (print last four or so digits of account number)

\_\_\_\_\_  
TREASURER SIGNATURE

\_\_\_\_\_  
TREASURER PRINTED NAME

*All information is required and must be printed in ink. Use one form per account.*

Under penalty of law, I, \_\_\_\_\_, hereby swear or affirm that the attached reconciliation has been reviewed and verified by me, as President or Vice President, on behalf of the Tightwad Fire Protection District (District) for the above account.

\_\_\_\_\_  
PRESIDENT OR VP SIGNATURE

\_\_\_\_\_  
PRESIDENT OR VP PRINTED NAME

Details of any discrepancy (initial entry):
