



UNM-Gallup Index Reconciliation Form

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

Department Information

| | |
|-------------------------------|--------------------------|
| Department: _____ | Date: _____ |
| Preparer's Name: _____ | Month/Year _____ |
| Email Address: _____ | Phone # _____ |
| | Index # (s) _____ |

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**