



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) _____ |
|---|---|

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