RECONCILIATION LOG

SHORT STUDY TITLE _____ **CUSTODIAN:** _____

IRB NUMBER: _____ **PRINCPAL INVESTIGATOR:** _____

PGID NUMBER: _____ **DEPARTMENT:** _____

PAYEMENT TYPE: ☐ Cash ☐ Gift Card ☐ Gift Item **RECONCILIATION SCHEDULE:** ☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Date	Cash or Inventory on Hand	Receipt Value of Subject Payment Forms	Outstanding Cash or Inventory on Payor Distribution Forms	*Inventory Total	Custodian	Department Representative	WITNESS (IF Department Representative is unavailable)

*The **Inventory Total** is the Sum of **Cash or Inventory on Hand** + **Receipt Value of Subject Payment Forms** + **Outstanding Cash or Inventory on Payor Distribution Forms**.

This form should be retained by the custodian. The Participant Payment Fund should be reconciled no less than once a month.