

PAYROLL FRINGE BENEFITS EXPENSE RECONCILIATION LEDGER

Company Name:

Reconciliation Period:

GL Account Code:

Prepared By:

GL Account Description:

Review Date:

RECONCILIATION SUMMARY

BENEFIT CATEGORY	GENERAL LEDGER BALANCE (A)	PAYROLL REGISTER TOTAL (B)	VARIANCE (A - B)	EXPLANATION OF VARIANCE / ADJUSTMENTS REQUIRED
Health & Dental Insurance				
Life & Disability Insurance				
Retirement / 401(k) Match				
FICA/ Employer Taxes				
HSA/ FSA Contributions				
Tuition Reimbursement				
Other Fringe Benefits				
Total Fringe Benefits				

DETAILED LEDGER TRANSACTIONS & ADJUSTMENTS

DATE	REFERENCE #	EMPLOYEE ID / DEPT	DESCRIPTION / PARTICULARS	GL AMOUNT	PAYROLL AMOUNT	VARIANCE	NOTES / AUDIT TRAIL REF
Total Detailed Items:							

Prepared By (Signature)

Title: _____ Date: _____

Reviewed & Approved By (Signature)

Title: _____ Date: _____