



Category	Total Amount
Life & Disability Insurance	
Tuition Reimbursement	
Transportation / Parking Benefits	
Other: _____	

**Reconciliation Summary**

<b>Beginning Balance:</b>	
<b>Add: Total Debits (Expenses):</b>	
<b>Less: Total Credits:</b>	
<b>Ending Balance:</b>	

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**Prepared By**  
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**Reviewed By**  
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**Date Approved**