

UNIVERSITY OF MAINE SYSTEM

GIFT ADMINISTRATION

PEOPLESOFT AND BENEFACTOR GIFT RECONCILIATION

(campus)

Period Ending _____

Department _____

Fund Code _____

Program # _____

Program Name _____

PS

BENEFACTOR

PS Program Balance:

\$ _____

Add

Total Additions

\$ _____

Deduct

Total Deductions

\$ _____

Adjusted Balance*

\$ _____

BENEFACTOR Designation Balance:

\$ _____

Add

Total Additions

\$ _____

Deduct

Total Deductions

\$ _____

Adjusted Balance*

\$ _____

*Corrective action should be taken as appropriate.