



Monthly Bookkeeping Checklist

MONTHLY BOOKKEEPING CHECKLIST

Client Name	
Company Name	

BANK

Name of Bank & Account # (Last 4 digits only)	Statement	Receipts	Cheque Backup	Deposit Backup
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CREDIT CARD

Account # (Last 4 digits only)	Statement	Receipts
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL SPENDING TYPES (for business)

	Statement	Receipts
Personal Expense	<input type="checkbox"/>	<input type="checkbox"/>
Cash		<input type="checkbox"/>

GOVERNMENT COMMUNICATION

Payroll	<input type="checkbox"/>
GST	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

INCOME

Invoices	<input type="checkbox"/>
Deposit Slips	<input type="checkbox"/>
Other Sales Records: _____	<input type="checkbox"/>

To save a completed form:
Save a blank copy of this form on your device.
Open saved file and fill-up the form.
Click SAVE to save a copy of the filled-up form.