

OFFICE OF THE STATE TREASURER INTEREST EARNINGS ACTIVITY REPORT

FOR THE MONTH ENDING _____

State Agency Reporting _____

DFA Agency Code Number _____

Person Preparing Report _____

Phone Number _____

INSTRUCTIONS

For each investment indicate the type of investment (CD, REPO, Money Market). Please identify the investment by its CD number, Money Market account number, or the date the REPO was purchased. Indicate all purchase and maturity dates; include the name of the institution holding the account as well as the city where the institution resides. In column (1) detail the investment outstanding at the end of the prior month. In column (2) indicate new purchases made during the report period. In column (3) indicate all maturities and sales. In column (4) indicate those investments outstanding at the end of the reporting period. Total all columns accordingly. Please sign certification on bottom of form and submit to the Office of the State Treasurer, State Accounts Bureau on or before the 20th day of the month following the reporting period. (Please attach additional sheets, if necessary.)

CMD AUTH #	TYPE	ID#	PURCHASE DATE	MATURITY DATE	FINANCIAL INST. NAME	CITY	(1) AMOUNT OUTSTANDING PRIOR MONTH	(2) NEW PURCHASES	(3) MATURITIES & SALES	(4) = (1+2)-3 AMOUNT OUTSTANDING MONTH END
TOTALS										

CERTIFICATION: I certify the above cash balance is correct and that the cash account has been reconciled with its monthly statement from the financial institution holding the account.

Signature/Title _____

Date: _____