

OFFICE OF THE STATE TREASURER

**STATE FUND DEPOSIT BALANCE REPORT
FOR DEMAND AND SAVINGS ACCOUNTS**

FOR THE MONTH ENDED _____

State Agency Reporting: _____

Person Preparing Report: _____ **Phone** _____

Financial Institution: _____

Bank Account Number: _____

State Treasurer Authorization Number: _____

Cash balances as shown on monthly statements:

Prior Month Ending Balance \$ _____

Ending Balance This Reporting Period \$ _____

Average Ledger Balance \$ _____

Maximum Balance \$ _____

Maximum Authorized Balance \$ _____

Expiration Date _____

Interest Bearing Accounts:

Percentage Yield _____

Interest Payment _____

All monthly cash reports are due in the State Treasurer's Office, State Account Bureau, on or before the 20th day of the month following the reporting period. Please attach a legible copy of the financial institution statement for each account reported.

Certification of Cash Balances

I certify that the above cash balances are correct and that the cash account has been reconciled with its monthly statement from the financial institution holding the account. I certify that the maximum balance during the reporting period has not exceeded the maximum balance approved by the State Treasurer for this account.

Name & Title **Date**