

RECONCILEMENT

The following is a reconciliation of the County

for the month of

Beginning Depository Balance \$ _____

ADD: Collections \$ _____

Cancelled Vouchers \$ _____

SUBTRACT: Vouchers Issued \$ _____

Ending Depository Balance \$ _____

ADD: Vouchers Issued, Not Reg \$ _____

Deposits in Transit- Beginning \$ _____

Ending \$ _____

Treasurer Error Adjustment \$ _____

Officer Error Adjustment \$ _____

TREASURER'S BALANCE \$ _____

Treasurer (or deputy) initials: _____

monthly report of

APPROVED BY THE BOARD OF COUNTY COMMISSIONERS
THIS _____ DAY OF _____, 20____

Chairman

Member

Member

MONTHLY REPORT

Of _____ County, Okla.

For month ending on _____ day of

Filed this _____ day
of _____ 20____

County Clerk

I, _____,
duly elected or appointed, qualified and
acting in and for
County Oklahoma, do solemnly swear that the
above is true and correct report of all fees
charged and collected in my office for the month
ending on the _____ day of _____,
20____

Name Title

Subscribed and sworn to before me this
_____ day of _____, 20____

Notary Public

My Commission Expires: _____