



RECONCILEMENT

The following is a reconciliation of the County

for the month of

<hr/>	
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	\$ _____
<hr/>	

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: \_\_\_\_\_