

RECONCILEMENT

The following is a reconciliation of the within report with the report of the County _____ for the month of _____ 20____

Beginning Depository Balance \$ _____

ADD: Collections \$ _____

Cancelled Vouchers \$ _____

SUBTRACT: Vouchers Issued \$ _____

Ending Depository Balance \$ _____

ADD: Vouchers Issued, Not Reg \$ _____

Deposits in Transit- Beginning \$ _____

Ending \$ _____

TREASURER Errors \$ _____

\$ _____

COUNTY CLERK'S Error \$ _____

\$ _____

TREASURER'S BALANCE \$ _____

(Officer)

MONTHLY REPORT FOR THE MONTH OF _____

20

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

_____ 20____

Reconciled and Filed this _____ day

of _____ 20____

Officer

I, _____, Officer

duly elected, 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____

Officer

Subscribed and sworn to before me this

_____ day of _____, 20____

Notary Public

My Commission Expires: _____