

RECONCILEMENT

Depository balance beginning of month \$ _____

ADD: Collections \$ _____

TOTAL \$ _____

SUBTRACT: Vouchers Issued \$ _____

Depository balance of month \$ _____

I, _____, County Clerk of
_____ County, hereby certify
that this report is a true and correct report of all fees charged
and collected in my office for the month ending on the
_____ day of _____, 20____.

_____, County Clerk

By _____, Deputy

Approved by the Board of County Commissioners this _____
day of _____, 20____.

_____, Chairman

_____, Member

_____, Member