Prescribed by State Board of Accounts

1046

County Form No. 47-TR (Rev. 1987)

COUNTY TREASURER'S MONTHLY REPORT
Required by IC 36-2-10-16 and IC 5-13

Month Ending _____, 19_____ _____ County

CHARGES:

1.	Total Taxes Collected (Not Receipted to Ledger or Refunded) ..	$
2.	Advance Collection of Taxes	
3.	Bank, Building and Loan and Credit Union	
4.	Barrett Law Collections	
5.	Cash Change Fund	
6.	Conservancy District Collections	
7.	Demand Fees	
8.	Dog Tax	
9.	Drainage Assessments	
10.	Excess Tax Collections	
11.	Gross Income Tax on Real Estate	
12.	Vehicle License Excise Tax	
13.	Sewage Collections	
14.	Tax Sale Costs	
15.	Aircraft License Excise Tax	
16.	Auto Rental Excise Tax	
17.	Watercraft Title and Registration Fees	
18.	Watercraft Use Tax	
19.	_____	
20.	_____	
21.	Total Balances of all Ledger Accounts - Cash	
22.	Total Balances of all Ledger Accounts - Investments	
23.	Total Charges	$

CREDITS:

24.	Depository Balances as Shown by Daily Balance of Cash and Depositories Record (List Detail on Reverse Side)		$
25.	Investments as Shown by Daily Balance of Cash and Depositories Record (Column 12, Line 41)		
26.	Total Cash on Hand at Close of Month:		
	Currency	$	
	Coins		
	Checks, Money Orders, etc...		
	Total		$
27.	_____		
28.	_____		
29.	_____		
30.	Total		$
31.	Cash Short (Add)		
32.	Cash Long (Deduct)	$	
33.	Proof		$

RECONCILEMENT WITH DEPOSITORIES

34.	Balance in all Depositories Per Daily Balance Record (Line 24 Above)	$	
35.	Outstanding Warrants-Checks (Detail by Depositories on Reverse Side)		
36.	Balance in all Depositories Per Bank Statements (Detail on Reverse Side)		$
37.	Deposits in Transit (Detail on Reverse Side)		
38.	Proof	$	$

ANALYSIS OF CASH ON HAND AT CLOSE OF MONTH:

(a)	Cash Change Fund Advanced by County		$
(b)	Receipts Deposited in Depositories	_____(Date)	
(c)	Uncollected Items on Hand (List on Reverse Side)		
(d)	Total (Must Agree With Line 26 Above)		$

State of Indiana, _____ County: as: I, the undersigned Treasurer of the aforesaid County and State hereby certify that the foregoing report is true and correct to the best of my knowledge and belief.

Dated this _____ day of _____, 19____ _____
County Treasurer

Note: Prepare in quadruplicate, retain one copy and give three copies to the County Auditor.

Original (White) - To be filed with County Auditor for Board of Finance.
Duplicate (Blue) - To be filed with County Auditor for Board of Commissioners.
Triplicate (Pink) - To be filed with County Auditor for transmission to State Board of Accounts.
Quadruplicate (Canary) - To be retained by County Treasurer.

COUNTY TREASURER'S
MONTHLY REPORT

Required by IC 36-2-10-16
and IC 5-13

_____
County

Month Ending

_____, 19__

FILED

_____

STATEMENT OF DEPOSITORY BALANCES AT CLOSE OF MONTH

Name and Location of Depository	Balance Per Bank Statements	Deposits In Transit (Add)	Outstanding Warrant-Checks (Deduct)	Balance Per Daily Balance of Cash and Depositories
Totals				

SCHEDULE OF UNCOLLECTED ITEMS ON HAND
(Checks and Other Items Returned by Depositories
and in Process of Collection at Close of Month)

Date Originally Received	Received From	For	Date Returned	Returned By (Name of Depository)	Reason for Return	Amount
Total						

Note: If additional space is needed attach sheet giving above information for all items.