

**STATE AGENCIES CHECKING/SAVINGS ACCOUNT
MONTHLY REPORTING FORM**

To: Wyoming State Treasurer's Office
Attention: Sue Larson
State Capitol
Cheyenne, Wyoming 82002

Sue Larson contact info:
sue.larson@wyo.gov
ph: 307-777-3682
fax: 307-777-3731

Agency Name: _____ Agency Number: _____ Date: _____

Purpose of the Account: _____ (ex: petty cash, resident funds, etc)

Financial Institution *: _____ Bank Account Number: _____ (Fill out separate forms for each account number)

Account Tax Id number: _____ Bank Location: _____

Accounting Description	Date: _____ Beginning Balance	Receipts (increases)	Disbursements (Decreases)	Date _____ Ending Balances
Cash in Checking Account				
Cash in Savings/Other				
Total				

Statutory Authority	
___ Petty Cash.....	W.S. 9-4-206
___ Residents/Inmates/Patients...	W.S. 9-4-206
___ Courts.....	W.S. 5-9-149
___ Others.....	_____
(list statutory reference if not shown)	

Note: Beginning balances for any month must equal the ending balance for the preceding month. If this is not the case, please include explanation.

- **The financial institution must be either a bank or a savings & loan located in Wyoming that has been approved as a State Depository.**

Comments: _____

(Authorized Signature/Agency Contact)

(Agency Contact phone number)

(Agency Contact email address)

(Typed name and title of authorized individual)

(Agency Address)

THIS FORM MUST BE COMPLETED/RETURNED ON A MONTHLY BASIS, AND INCLUDE ALL RECEIPTS AND DISBURSEMENTS INCURRED FOR THE MONTH.