Office of

1. **Fund Number**

**Fund Name**

$

Authorized Amount

$

Bank Statement Balance 6/30/16

$

Unreimbursed Receipts as of 6/30/16

$

Reconciled Bank Balance 6/30/16

1. **Fund Number**

**Fund Name**

$

Authorized Amount

$

Bank Statement Balance 6/30/16

$

Unreimbursed Receipts as of 6/30/16

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Reconciled Bank Balance 6/30/16

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Reconciled Bank Balance 6/30/16