

Financial Statements Information Request  
Form 17 – Revolving Fund  
2015-2016 Fiscal Year

Office of \_\_\_\_\_

**I. 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

**II. 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

**III. 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

Please attach a copy of the most recent bank statement for your revolving account.