

Financial Statements Information Request
Form 17 – Revolving Fund
2017-2018 Fiscal Year

Office of _____

I.	Fund Number _____	Is this a Wells Fargo CRA?* <input type="radio"/> Yes <input type="radio"/> No
	Fund Name _____	
	Authorized Amount on 6/30/18	\$ _____
	Bank Statement Balance as of 6/30/18	\$ _____
	Items to be Reimbursed as of 6/30/18	\$ _____
	Reconciled Bank Balance for 6/30/18	\$ _____

II.	Fund Number _____	Is this a Wells Fargo CRA?* <input type="radio"/> Yes <input type="radio"/> No
	Fund Name _____	
	Authorized Amount on 6/30/18	\$ _____
	Bank Statement Balance as of 6/30/18	\$ _____
	Items to be Reimbursed as of 6/30/18	\$ _____
	Reconciled Bank Balance for 6/30/18	\$ _____

III.	Fund Number _____	Is this a Wells Fargo CRA?* <input type="radio"/> Yes <input type="radio"/> No
	Fund Name _____	
	Authorized Amount on 6/30/18	\$ _____
	Bank Statement Balance as of 6/30/18	\$ _____
	Items to be Reimbursed as of 6/30/18	\$ _____
	Reconciled Bank Balance for 6/30/18	\$ _____

Reset Questions

Please attach a copy of the most recent bank statement for your revolving account.
***CRA – Consolidated Revolving Account**