STATE AGENCIES CHECKING/SAVINGS ACCOUNT - MONTHLY REPORTING FORM

Please email completed form to sto-ops@wyo.gov

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 Balance
Cash in Checking Account				
Cash in Savings/Other				
Total	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Statutory Authority

___ Petty Cash.....W.S. 9-4-206
___ Residents/Inmates/Patients...W.S. 9-4-206
___ Courts.....W.S.59-149
___ 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. NO SUPPORTING DOCUMENTATION REQUIRED.

Updated 06.16