

Supplemental Annual Financial Report

RETURN THE COMPLETED FORM TO THE FISCAL OFFICER OF THE GOVERNMENTAL UNIT BY JANUARY 20.

Name of Governmental Unit: COUNTY NAME

Contact Person: _____

Office Name: SHERIFF DEPARTMENT

Phone Number: _____

Year: 2017

E-mail Address: _____

List all accounts/funds managed by this office

Fund Name	Beg. Investment Balance	Ending Investment Balance	Beginning Cash Balance	Other Receipts	Other Disbursements	Ending Cash Balance	New Fund
Commissary Fund			6,589.32	724.00	450.00	6,863.32	
Inmate Trust			13,500.00	195.00	584.00	13,111.00	

Certification: This is to certify that the data contained in this report is accurate and agrees with the financial records, to the best of my knowledge and belief.

Signature of Dept Official: _____ Title: _____

Printed Name of Dept Official: _____ Date Signed: _____