

MONTHLY REPORT - CLERK OF THE CIRCUIT COURT

Required by IC 33-17-2-8

MONTH ENDING _____ 19____

COUNTY _____

CHARGES: (Daily Balance Record and ISETS Daily Support Book)

1. Fees payable to the state	\$ _____
2. Fees payable to the county.	_____
3. Fees payable to city or town.	_____
4. Trust funds	_____
5. Support - ISETS	_____
6. _____	_____
7. TOTAL CHARGES	\$ _____

CREDITS: (Daily Balance Record and ISETS Daily Support Book)

8. _____ BANK	\$ _____
9. _____ BANK	_____
10. _____ BANK	_____
11. _____ BANK	_____
12. Subtotal: Daily Balance Record (46) (Lines 8 thru 11).	_____
13. ISETS Monthly Clerk's Support Record (246MCR)	_____
14. TOTAL DEPOSITORY BALANCES AS SHOWN BY RECORDS (Line 12 + 13).	_____
15. Investments on hand at close of business last day of month.	_____
16. Cash in office at close of business last day of month	_____
17. TOTAL	_____
18. Cash short (add).	_____
19. Cash long (deduct).	_____
20. PROOF (line 7).	\$ _____

DEPOSITORY RECONCILEMENT

21. Balance in all depositories (bank statements)	\$ _____
22. Deduct outstanding checks (from schedule)	_____
23. Net depository balance.	_____
24. Deposits in transit	_____
25. Bank fees	_____
26. Interest.	_____
27. Miscellaneous adjustments (explain fully)	_____
28. Participant recoupments (short)	_____
29. Agency recoupments.	_____
30. Balance in all depositories (line 14)	\$ _____
31. PROOF	\$ _____

State of Indiana _____ County: ss: I, the undersigned Clerk of the Circuit Court in and for the aforesaid county and state, do hereby certify that the foregoing report is true and correct to the best of my knowledge and belief and as appears of record now on file in this office.

CLERK _____ CIRCUIT COURT

(SEAL)

Note: Prepare in quadruplicate not later than 5th day of each month

1. CLERK: Retain White copy
File 3 copies with Auditor
2. AUDITOR: File Canary copy with County Board of Finance
File Pink copy with Board of County Commissioners
Transmit Goldenrod copy to State Board of Accounts