



STATE OF INDIANA
AN EQUAL OPPORTUNITY EMPLOYER

STATE BOARD OF ACCOUNTS
302 WEST WASHINGTON STREET
ROOM E418
INDIANAPOLIS, INDIANA 46204-2765

Telephone: (317) 232-2513
Fax: (317) 232-4711
Web Site: www.in.gov/sboa

December 3, 2019

TO ALL COUNTY TREASURERS:

A verified cash count and an inventory of securities are to be made at the close of business December 31, 2019. Copies of the required report are sent to you herewith to be prepared as follows:

THOSE TREASURERS CONTINUING IN OFFICE AS TREASURER IN 2020:

Prepare the report in duplicate, retain a copy for your files and mail one copy to this office.

IF A NEW OFFICER ASSUMES OFFICE IN JANUARY 1, 2020:

Prepare the report in triplicate, retain one copy for your files, give one copy to the new officer and mail the third copy to this office. Have the new officer execute the receipt at the bottom of the form on all three copies.

In case of change of officers, no depository transfer is necessary. The banks will require the incoming treasurer to record their signature to be used in countersigning county warrants.

The County Auditor is to verify the report.

Treasurer should complete these duties:

1. Post the Register of Taxes Collected which must agree with the Daily record Balance Record.
2. Post all fund ledgers and prepare the Financial Statement, which should reconcile with the Monthly Statement prepared by the auditor.
3. Deposit all funds on hand. Non-negotiable checks or credit items are not to be accepted.
4. Complete the Daily Balance Record to show the condition of all funds at December 31, 2019. Prepare the Monthly Report 47TR for December to be filed by January 15, 2020.

If more than one cash drawer is used, show such count in one of the separate columns provided.

Sincerely,

Paul D. Joyce, CPA
State Examiner

OFFICE OF THE TREASURER OF _____ COUNTY, INDIANA

DATE _____ TIME _____ O'CLOCK ____ AM/PM

CASH COUNT (Must agree with Daily Balance Record)
(Use separate column for each cash drawer)

Currency	\$ _____	\$ _____	\$ _____
Coins	\$ _____	\$ _____	\$ _____
Checks (Attached List)	\$ _____	\$ _____	\$ _____
Money Orders	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Totals

TOTAL CASH----- \$ _____

*Show date, payor, and amount of each check.

DEPOSITS IN TRANSIT - If deposits are made in any depositories after bank closing hours on December 31, and are not included in the above cash count, please show here the total of such deposits.----- \$ _____

INVESTMENT SECURITIES (Cost Value)**

U.S. Treasury Bonds and Notes	\$ _____
Certificates of Deposit	\$ _____
Other	\$ _____
Total	\$ _____

**List in detail on reverse side, showing description, maturity date and amount of each item.

I hereby certify that the foregoing is a true and complete statement of all cash and all other collateral in my office on the date and at the time shown above.

County Treasurer

Date _____

RECEIVED OF _____, the sum of \$ _____ in cash, and

Investment Securities with a cost value of - \$ _____

(To be signed by incoming Treasurer)

Verified By:

Title

Date _____