



DISTRICT FINANCIAL STATEMENT

Name of District _____

District No. _____

Date _____

Checking Account:

Account Number: _____

Name of Financial Institution: _____

Balance as of Meeting Date: _____

Savings Account:

Account Number: _____

Name of Financial Institution: _____

Balance as of Meeting Date: _____

Other (Certificate of Deposit, FCSU Branch Agreement, etc.):

Account Number _____

Name of Financial Institution: _____

Balance as of Meeting Date: _____

Signature of District Financial Officer