

Marissa Evans, CPA

Director of Treasury Management

Office of the State Treasurer

1200 Senate Street, Suite 214

Columbia SC, 29201OFFICE OF THE STATE TREASURER

STANDARD FORM TO CONFIRM THE AGENCY’S CLAIM TO CASH WITHIN THE STATE TREASURY

AGENCY NAME

We have provided to our accountants the following information as of the close of books for fiscal year regarding this Agency’s claim to cash within the State Treasury. Please confirm the accuracy of the information, noting any exceptions to the information provided. If the balances have been left blank, please complete the form by furnishing the balance in the appropriate space below. Although we do not request nor expect you to conduct a comprehensive detailed search of your records, if during the process of completing the confirmation additional information about other deposit accounts we may have with you comes to your attention, please include such information below.

1. At the close of business on the fiscal year listed above, our records indicated the following Composite Reservoir cash balance:

|  |  |  |
| --- | --- | --- |
| **Account Name** | **Account Number** | **Agency Claim** |
|  |  |  |
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|  |  |  |
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1. At the close of business on the fiscal year listed above, our records indicated the following General Deposit cash balance:

|  |  |  |
| --- | --- | --- |
| **G/L Account** | **G/L Account Description** | **Agency Claim** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Customer’s Authorized Signature

Printed Title and Name

Date

The information presented above by the customer is in agreement with our records. Although we have not conducted a comprehensive, detailed search of our records, no other deposit accounts have come to our attention except as noted below.

Marissa Evans, CPA-Director of Treasury Management

Office of State Treasurer Authorized Signature

Date

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| **Exceptions or Comments** |
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