Geauga County
Quarterly Checking Account Report

_____ Quarter 20 ___

Department _____ Account Name _____

Bank _____ Account No. _____

Beginning Book Balance: (Prior Quarter Ending Balance) _____

Deposits: + _____

Interest Earned: + _____

Other: + _____

Subtotal = $0.00

Expenditures: – _____

Service Charges: – _____

Other Withdrawals –

Ending Book Balance: = $0.00

Balance per Statement: _____

Deposits in Transit: + _____

Outstanding Checks:	Check #	Amount
(Attach additional Sheets if necessary)		

Total Outstanding Checks –

Reconciled Bank Balance * = $0.00

* Should equal Ending Book Balance

Completed By: _____ Extension: _____

Print Reset

Please Attach a copy of each months Bank Statement
Return to Auditor's Office within 20 days of quarter's end

Revised 9/10