

**COUNTY EXTENSION ACCOUNTS
STATEMENT OF REVIEW**

County: _____

Date of Review: _____

This is to certify that the following Fund Accounts (checking, savings, CD's, etc.) have been reviewed for the _____ (month/date/year) to _____ (month/date/year) and found to be in order.

Account Name / Number	Checking, Savings, CD, <i>etc.</i>	Names on Signature Card	Account Balance as of: ----- date

Auditor(s) or Reviewer(s):

<u>Type/print name</u>	<u>Signature</u>	<u>Title</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

Signature of persons authorized to sign any of the accounts:

Received by: _____

District Extension Director

Date