



ROBERT SPRAGUE
TREASURER OF OHIO

**OHIO TREASURER OF STATE
CUSTODIAL ACCOUNT BANK ADJUSTMENT FORM**

Agency Name:	
Custodial Account Name:	
Bank Name:	Last four digits of bank Account No:

Adjustment Settlement Date as Reported by Bank	Total Amount for the Day

	Credit Adjustment
	Debit Adjustment

Authorized Signature:
Title:
Agency Contact Name & Phone Number:
Date Completed by Agency:

This form should be completed for the total amount of ADJUSTMENTS reported by the bank for each settlement date.
E-mail to: General_Ledger@tos.ohio.gov