

# ANNUAL ACCOUNTING FOR FUNDS AT THE COUNTY LEVEL

COUNTY \_\_\_\_\_ DATE: \_\_\_\_\_

Are all Extension accounts handled through the University, or County Finance Officer?

YES

NO

If NO, complete the following:

Name of Account	Signature Authority (2 Names)	Average Balance During the Year

**Your signature denotes that the above accounts comply with NCSU's Money Handling Policy.**

Approved by County Extension Director:

Approved by District Extension Director:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date