

FORM 2

ANNUAL ACCOUNTING FOR FUNDS AT THE COUNTY LEVEL

COUNTY _____

DATE _____

All Extension accounts are handled through the University or County Finance Officer:

Yes ___ No ___

If NO, complete the following:

Name of Account	Signature Authority (Names)		Highest Balance During the Year	Date of Last Audit	Name(s) of Auditor(s)
	Check Signature Authority	Approval Authority			

Approved by County Extension Director (Signature) _____

Date _____

Approved by District Extension Director (Signature) _____

Date _____