

QUARTERLY REPORT ON PUBLIC DEPOSITS

NOTE: This report is required to be completed by depositories using the Pooling Method and is due 30 days after the end of each calendar quarter, or after the end of each month for those depositories which have been notified that they are subject to monthly reporting, pursuant to 20 NCAC 7.

Period Ending:

I. DEPOSITORY INFORMATION	Type of Depository: <input type="checkbox"/> Bank <input type="checkbox"/> Savings Institution
Name of Depository:	*Method of Calculating Average Demand Balances: <input type="checkbox"/> Average Year to Date <input type="checkbox"/> Average Immediate Preceding 3 Months <input type="checkbox"/> Average Current Month
Street or P.O. Box	
Town/City, State, Zip Code:	

II. REPORT ON DEPOSITS	State Funds	Participating Unit's Funds	Total
A. Average Daily Demand Deposits*			
B. Total Actual Time Deposits at End of this Quarter			
C. Total Deposits (Add lines A and B)			
D. Deposit Insurance on Demand Accounts			
E. Deposit Insurance on Time Accounts			
F. Total Deposits to be Collateralized (Total of: C minus D minus E)			

III. REPORT ON COLLATERAL PLEDGED TO STATE TREASURER:	Par Value Pledged	Market Value Pledged
A. Name and Location of Escrow Agents:		
1.		
2.		
3.		
4.		
B. Total Collateral Pledged with Escrow Agent (Add lines 1 through 4)		
C. Amount of Excess (Deficit) Collateral [Subtract line II (F) from III (B)]		
D. Percent of Excess (Deficit) collateral [III(C) divided by II(F)]		

IV. Certification: This report is correct to the best of my knowledge and belief.	
Authorized Signature:	Date
Name and Title:	Telephone: