Prescribed by State Board of Accounts General Form No. 362 (Rev. 1987)

REPORT OF COLLECTIONS

To _____
(Title of Officer)

_____ _____, Indiana
(Governmental Unit) (County)

Collections for Period _____, _____ to _____, _____

Description	Fund to be Credited	Collections This Period		Prior Collections		Year to Date Collections	
Total Amount Collected							

I hereby certify that the foregoing is a true and correct report of collections due the above named governmental unit for the period shown.

Dated this _____ day of _____ , _____

NOTE
This is not to be used as a receipt for collections.
The official to whom the report is made must issue an official receipt for the collections remitted.

_____
(Signature)

_____
(Title of Officer)