GEAUGA COUNTY
2026 CHECKING ACCOUNT REPORT

Department_____ Account Name: _____

Bank: _____ Account No.: _____

Dec. 31, 2025 Reconciled Balance:	Dec. 31, 2026 Reconciled Balance:
$ _____	$ _____

DEPOSITS made in 2026:	EXPENDITURES made in 2026:
$ _____	$ _____

DEPOSITS by type of revenue source:

Fines & Forfeitures: _____

Fees: _____

Loan Payment: _____

Donation: _____

Other: _____
(Description required)

TOTAL: _____
(Should equal deposits in box above)

EXPENDITURES by Type:

Due to other Funds: _____
(Money paid to County Depts)

Due to other Governments: _____

Due to Others: _____

Other: _____
(Description required)

TOTAL: _____
(Should equal expenditures in box above)

Please attach copies of December's reconciled bank statement.
Return to Auditor's Office by 1/20/27

Completed by: _____

Reset Form

Print Form