Appendix 67

REPORT OF ACCOUNTABILITY FOR ACCOUNTABLE FORMS
For the month of _____, 20___

Entity Name : _____ **Fund Cluster :** _____

Accountable Forms			Beginning Balance			Receipt			Issue			Ending Balance		
Name of Form	Number	Face Value	Quantity	Inclusive Serial Nos.		Quantity	Inclusive Serial Nos.		Quantity	Inclusive Serial Nos.		Quantity	Inclusive Serial Nos.	
				From	To		From	To		From	To		From	To
A. WITH FACE VALUE														
B. WITHOUT FACE VALUE														

C E R T I F I C A T I O N

I hereby certify that the foregoing is a true statement of all accountable forms received,
issued and transferred by me during the period above-stated and that the beginning and ending balances are correct.

_____
Signature over Printed Name of the Accountable Officer