

NONAPPROPRIATED FUND BANK BALANCES

For use of this form, see AR 215-1; the proponent agency is OACSIM

1. TYPE OF REPORT *(Check one) (See AR 215-1, Para 11-20)*

REGULAR *(End of March/September Report (Circle one))*

SPECIAL

2. TO:
 COMMANDER
 FMWRC (ATTN: IMWR-FM-B)
 4700 KING STREET (Summit Centre)
 ALEXANDRIA, VA 22302-4406

3. FROM: *(Full name of Fund installation, and 9-digit ZIP Code)*

4. STANDARD NAF NUMBER *(AR 215-1, APP F)*

NAME, ADDRESS, AND TRANSIT ROUTING NUMBER OF DEPOSITORY <i>(a)</i>	ACTUAL BALANCE AS OF REPORTING DATE <i>(b)</i>	ESTIMATED HIGH BALANCE FOR NEXT 6-MONTH PERIOD <i>(c)</i>	INSURED AMOUNT <i>(d)</i>	UNINSURED AMOUNT <i>(collateral Requirement)</i> <i>(e)</i>	COLLATERAL CURRENTLY PLEDGED <i>(f)</i>	COLLATERAL PLEDGED AS OF <i>(To be completed by SAFM)</i> <i>(g)</i>

5. NAME OF INSTALLATION CENTRAL ACCOUNTING OFFICER OR DESIGNEE

6. SIGNATURE

7. DATE