

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 (a)	ACTUAL BALANCE AS OF REPORTING DATE (b)	ESTIMATED HIGH BALANCE FOR NEXT 6-MONTH PERIOD (c)	INSURED AMOUNT (d)	UNINSURED AMOUNT (collateral Requirement) (Col. c less d) (e)	COLLATERAL CURRENTLY PLEGGED (f)	COLLATERAL PLEGGED AS OF (To be completed by SAFM) (g)

5. NAME OF INSTALLATION CENTRAL ACCOUNTING OFFICER OR DESIGNEE

6. SIGNATURE

7. DATE