State of Kansas
Department of Administration
Division of Accounts and Reports
DA-68 (Rev. 10-00)

Application/Report on Canteens, Work Therapy Funds, Canteen Funds and Benefit Funds

(Included funds of corporations or non-profit associations which exist as adjuncts of the agency. Use separate form for each account. Use blank sheet for additional information.)

1) Agency _____

2) Name of fund or account _____ Fund or account number _____

3) Type of interest bearing account and rate_____

4) Nature of fund (coffee, canteen, store, benefits, etc.)_____

5) Legal status or authority for establishing fund or account. (If incorporated, give date, identify or certificate number or incorporation.)_____
_____

6) Date when fund or account was established_____

7) Describe operation of fund or account _____
_____

8) What are the sources and uses of the funds? _____
_____

9) How are disbursements from the fund or account controlled?_____
_____

10) Summary financial statement or 20_____ fiscal year _____, 20 ____ to _____,20 ____ .

		Cash
	Beginning Balance	$ _____
	Receipts	_____
	TOTAL	$ _____
	Disbursement	_____
	Ending Balance	$ _____

If securities or other assets are held as part of this fund, attach a list thereof as of June 30, 20___.

_____Current balance as of _____ , 20____ . _____

11) Where and how are funds deposited? Name of financial institution(s) and account(s)_____
_____ .

12) Date financial institution account(s) approved by Pooled Money Investment Board_____
_____

_____ _____
(Signature and Title) (Sponsor, Corporation, Agency, etc.)

Verified: _____ _____
(Chief Accounting Officer of the State Agency) (Date)

Approved:_____ _____
(Director of Accounts and Reports) (Date)