



ROBERT SPRAGUE
TREASURER OF OHIO

CUSTODIAL ADJUSTMENT REQUEST

TO: Treasurer, State of Ohio
Attn: Accounting Department

DATE:

FROM:
(Agency name and Account name)

(Bank name and Account number)

Please adjust the following:

Deposit
Date of Deposit
Document#

Withdrawal
Date of Withdrawal
Document#

Original amount reported to the Treasurer \$

Correct Amount \$

Authorized Signature

Instructions: This document is used to report adjustments to a previously reported deposit or withdrawal.