

NONAPPROPRIATED FUND BANK BALANCES For use of this form, see AR 215-1; the proponent agency is OACSIM					1. TYPE OF REPORT <i>(Check one) (See AR 215-1, Para 11-20)</i> ☐ REGULAR <i>(End of March/September Report (Circle one))</i> ☐ SPECIAL	
2. TO: COMMANDER USACFSC (ATTN: CFSC-FM-B) 4700 KING STREET (Summit Centre) ALEXANDRIA, VA 22302-4406		3. FROM: <i>(Full name of Fund installation, and 9-digit ZIP Code)</i>			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