

TouchPoint - Blank TouchPoint



TouchPoint Name: County Childrens Trust Fund (CCTF)

Date: ____/____/____

Name:

Completed by:

Completed on behalf of:

Identifier:

Assurances Form Touchpoint

In State Fiscal Year

<input type="checkbox"/> 2012-13
<input type="checkbox"/> 2013-14
<input type="checkbox"/> 2014-15
<input type="checkbox"/> 2015-16
<input type="checkbox"/> 2016-17

Category in CCTF

<input type="checkbox"/> Birth Certificates
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Gifts
<input type="checkbox"/> Bequests
<input type="checkbox"/> Interest
<input type="checkbox"/> Kids Plate
<input type="checkbox"/> Other

Report Prompts:

TouchPoint: County Childrens Trust Fund (CCTF)

Printed on: 7/1/15

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Other Category in CCTF

Balance

Amounts Received

Expenditures

Balance as of June 30

Report Prompts: