

Board of Governors of the Federal Reserve System



Report of Deposits and Vault Cash—FR 2900

For the week ended **Monday**, _____
Month / Day / Year (9999)

This report is required by law (12 U.S.C. §§ 248(a), 461, 603, and 615).

The Federal Reserve System regards the information provided by each respondent as confidential. If it should be determined subsequently that

any information collected on this form must be released, respondents will be notified. The Federal Reserve may not conduct or sponsor, and an organization (or a person) is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Report all balances as of the close of business each day to the nearest thousand dollars.									
Dollar Amounts in Thousands	For FRB Use Only	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Total
		Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8
		Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Items									
A. Liquid Deposits									
1. Demand deposits due to the public (exclude demand deposits due to depository institutions and demand deposits of the U.S. government) ...	2340								A.1.
2. Other liquid deposits	MB60								A.2.
B. Deductions from Liquid Deposits									
1. Cash items in process of collection	0020								B.1.
C. 1. Small Time Deposits (time deposits with balances less than \$100,000)									
	2697								C.1.
D. 1. Vault Cash	0080								D.1.

Report the following items in June only. Please report balance as of close of business on June 30 each year.

If your institution had no foreign (non-U.S.) currency denominated deposits at any of your U.S. offices, please check this box. If you did not check this box, your institution is responsible for filing the quarterly FR 2915 Report of Foreign (non-U.S.) Currency Deposits. (H020)

Dollar Amounts in Thousands	For FRB Use Only	June Report Day
		Amount
E. 1. Reservable Liabilities	2247	E.1.
a. Net transaction accounts	2214	E.1.a.

Name and Address of Reporting Institution:

I certify that the information shown on this report is correct.

Name (9017)

Authorized Signature (H321)

Person to be contacted concerning this report (please print) (8901)

Address (9028)

Title (C491)

Area Code / Phone Number (8902)

City (9130) _____
State (9200) _____
Zip Code (9220)

E-mail Address (4086)