



DEPARTMENT OF FINANCIAL SERVICES
Division of Treasury – Bureau of Collateral Management

Department of Financial Services
Division of Treasury
Bureau of Collateral Management
200 East Gaines Street
Tallahassee FL 32399-0345

PUBLIC DEPOSITOR ACCOUNT DETAILS

Instructions: Each public depositor which is a state university or state college must complete and submit this report to the Chief Financial Officer quarterly and as requested by the Chief Financial Officer, by email at PublicDeposits@myfloridacfo.com or as directed by the Chief Financial Officer. Each report must include the account details as of the quarter's end or the date requested by the Chief Financial Officer. The due dates for each quarter are as follows:

Quarter ending	Due Date (or next business day, if the due date falls on a weekend or a Federal Reserve Bank holiday)
December 31 st	January 15 th
March 31 st	April 15 th
June 30 th	July 15 th
September 30 th	October 15 th

Part I – Report Identification and Public Depositor Information

For the Period Ending: ☐ December 31st ☐ March 31st ☐ June 30th ☐ September 30th OR
for a specific date, as requested by the Chief Financial Officer:

Public Depositor (PD) Information

PD Full Legal Name:
PD Mailing Address:
PD Federal Employer Identification Number (FEIN):
PD Contact Name:
PD Contact Title:
PD Contact Email:

Part II – Public Depositor Account(s) Details

Included with this Report is an electronic file (compatible with Excel version 6.2.7 or later), listing each qualified public depository (QPD) in which the above public depositor has an account, including accounts with zero balances. The electronic file must include: QPD name, QPD FEIN, and aggregate account balance by QPD.

Part IV – Certification

By signing below, I certify that I have read the foregoing Public Depositor report and that the facts stated in it are true to the best of my knowledge and belief; I am authorized to sign on behalf of the foregoing Public Depositor; and I assert that the above Public Depositor is not in violation of section 280.042(3)(a)2., F.S.

Authorized Signature _____
Printed Name:
Title:
Date: