

PCPS Imprest July 2026

Beginning Balance July 01, 2026	\$1,500.00
Balance July 31 st , 2026	\$1,500.00
Request for Reimbursement	\$0.00
Attain Maximum Balance	\$1,500.00

Deposits/Credits

00/00/26	\$0.00
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Expenditures

00/00/26	XXXX	\$0.00
	Check xxxxxxxx	
	Xxxxxxxxxxxxxx	
	Total Expenditures	\$0.00

Total request for reimbursement \$0.00



Granville National Bank
328 S. McCoy Street
P.O. Box 344
Granville, IL 61326
www.GNBonline.com

Granville Office
Main Facility
328 S. McCoy Street
P.O. Box 344
Granville, IL 61326
P: 815.339.2222
F: 815.339.2123

Sheridan Bank
A Full Service Branch of
The Granville National Bank
130 W. St Johnson Ave
P.O. Box 327
Sheridan, IL 60551
P: 815.496.2308
F: 815.496.2009

PUTNAM COUNTY COMM UNIT SCHOOL DIST 535
PUTNAM COUNTY PRIMARY SCHOOL
400 E SILVERSPoon AVE
GRANVILLE IL 61326-9697

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7/31/26
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Account Number
424633

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TYPE OF ACCOUNT--Checking Account
Statement Summary

424633

Beginning Balance	6/30/26			1,500.00	0
Deposits/Credits		0	Credits	.00	
Checks/Debits		0	Debits	.00	
Ending Balance	7/31/26			1,500.00	
YTD interest paid					

OVERDRAFT / RETURN ITEM FEES

	Total for this Period	Total Year to Date
Total Overdraft Fees	.00	.00
Total Returned Item Fees	.00	.00

Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account.