

STATE OF SOUTH CAROLINA  
COLLEGE/UNIVERSITY FINANCIAL  
STATEMENT SPREADSHEETS  
GENERAL INFORMATION FORM  
JUNE 30, \_\_\_\_\_

Agency Code: \_\_\_\_\_  
Institution Name: \_\_\_\_\_

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Signatures of preparers of financial statement spreadsheets and forms:

	Signature	Title
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Reviewer of spreadsheets and forms:

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Person Office of the Comptroller General should contact regarding financial statement spreadsheets and forms:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_