ILLINOIS STATE BOARD OF EDUCATION

School Finance

School Business and Support Services Division

100 North First Street

Springfield, Illinois 62777-0001

SCHOOL TREASURER'S BONDS

Affidavit of Superintendent, Regional Office of Education - (In compliance with ILCS 5/3-8 and ILCS 5/8-2 of the School Code)

INSTRUCTIONS: Please complete this affidavit and indicate, by check marks in the appropriate column, treasurers who are and who are not properly bonded.

_____ attests that he/she is the Superintendent, Regional Office of Education of _____ County, Illinois, and that the following named treasurers of the following named school districts or townships under his/her supervision and control are or are not properly bonded, to-wit:

DIST. NO. OR TWP.	NAME AND ADDRESS OF TREASURER	NAME OF SURETY OR PERSONS PROVIDING BOND	AMOUNT OF BOND	PROPERLY BONDED?		LENGTH OF TERM	
				Yes	No	Year Beginning	Year Ending

Dated this day of , 20

_____

Superintendent, Regional Office of Education