

**Department of Human Services
Medical Assistance Disbursement Services
Monthly Analysis Sample Format
For the Month of _____**

1.	Average Daily Collected Balance		\$ _____
2.	Less Non-Earning Federal Reserve Requirement		\$ _____
3.	Average Available Balance (1 – 2)		\$ _____
4.	Earned Credit for This Month Line 3 x Earning Rate of ____% / 12*		\$ _____
5.	Positive Earnings Credit Carry Forward From Prior Month (If Any)		\$ _____
6.	Total Earnings Credits Available (4 + 5)		\$ _____
7.	Account Maintenance _____ @ _____		\$ _____
8.	# of Checks Issued _____ @ _____		\$ _____
9.	# of ACH Payments Issued _____ @ _____		\$ _____
10.	# of Wires Out _____ @ _____		\$ _____
11.	Other		\$ _____
12.	Other		\$ _____
13.	Other		\$ _____
14.	Total Bank Charges (Lines 7 – 13)		\$ _____
15.	Total Due Bank (If line 6 minus line 14 is negative)		\$ (_____)
16.	Carry Forward Earnings Due State (If line 6 minus line 14 is positive)		\$ _____

* 12 months; or divided by the number of days in the year, times the number of days in the reporting month.

NOTE: The cost items noted above are not necessarily all inclusive. This is an example of the preferred monthly analysis format.