




Quarterly Survey of Local School Authorities Finance Statistics

for the three months ending 

Confidential when completed

Si vous préférez recevoir ce questionnaire en français, veuillez cocher

Please return one completed form by the 15th of the month following the period under review to:

Operations and Integration Division,
Public Institutions Unit,
Statistics Canada,
Ottawa, Ontario, K1A 0T6

Retain one completed form for your records

FOR OFFICE USE

C 800 =

Guide

- Authority:** The collection of this information is authorized by the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.
- Confidentiality:** Information collected under the Statistics Act is treated in strict confidence, used for statistical purposes and published in aggregate form only. The confidentiality provisions of the Statistics Act are not affected by either the Access to Information Act or any other legislation.
- Purpose:** This survey is conducted by the Public Institutions Division. It is designed to collect up-to-date information on quarterly changes in certain **Financial Assets** and **Transfer Receipts** for local school authorities in Canada. This information, together with similar data respecting other governments and the corporate sector, provides a basis for the analysis of the Financial Flow Accounts of the System of National Accounts.
- Instructions:** Part I. Report receipts on a cash basis (when received). You may choose to report this section in either of two ways. Column 1 for quarterly figures (three months data) or Column 2 for year to date figures (cumulative data). Please maintain consistency in your reporting from quarter to quarter.
- Part II. Report balances of specific items of cash and investments at the end of the quarter.
- If any questions should arise regarding the completion of this form, please do not hesitate to call the Public Institutions Unit at (613) 951-8560. FAX (613) 951-0709 / (800) 755-5514, (E-mail piu/uiip@statcan.ca).
- Estimates:** Timeliness, on which the value of the national accounts depends, should not be sacrificed to the desire for absolute accuracy in the data reported. It is most desirable that respondents furnish Statistics Canada with their own best estimates, when audited or other final accounting figures are not available at the time of the survey.

STATISTICS CANADA USE

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**Thank you very much for your cooperation
Please return the questionnaire in the enclosed envelope**

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Part I TRANSFER RECEIPTS (Exclusive of Borrowings)

Reporting Period Please indicate the number of months covered by this report and the date which marked the close of your financial year.

This report covers –

Months,
Number

ending
Day Month Year

Financial Year End
Day Month Year

	1. Current Quarter	or	2. Year to Date	Dollars (omit cents)
Transfers from: (cash basis)				
(a) Government of Canada				121
Department of Indian and Northern Affairs				122
Department of National Defence				123
Other federal departments				124
(b) Provincial/Territorial Government:				
Operating and other current purposes				125
Capital purposes				126
(c) Municipalities				129
TOTAL TRANSFERS				

Part II CASH AND INVESTMENTS as at the end of the quarter

Note: Please report on a combined basis for all funds (current, capital, sinking fund, reserve and special) excepting trust or scholarship funds. Exclude prepayments and receivables.

1. Cash on hand and on deposit (including demand, saving, term deposits and bank bearer term notes)	119
2. Foreign currencies including swapped deposits	139
3. Finance and short term paper (marketable short term notes, bankers' acceptances, etc.)	159
4. Investments (treasury bills, bonds and debentures)	219
(a) Federal government and its agencies	
(i) Treasury bills	229
(ii) Bonds	239
(b) Provincial or territorial governments and agencies	
(i) Treasury bills	249
(ii) Bonds	259
(c) Municipal governments and agencies	299
(d) Other investments (specify)	459
5. Loans and advances (to others)	
(a) Short-term (less than one year)	469
(b) Long-term	509
TOTAL CASH AND INVESTMENTS	

Date completed	Name	Official title	Telephone No.
		E-mail	FAX