

Report of Agency Accountability

Date: _____

TO: Ms. Sandra Zinck, Director
Comptroller of Maryland – General Accounting Division
Louis L. Goldstein Treasury Building, P.O. Box 746
Annapolis, Maryland 21404-0746
GAD@comp.state.md.us

Agency Name: _____ R*STARS Agency: _____

Unit Name: _____ Unit Number(s): _____
(for multiple accounting offices)

Address: _____

Agency Employee(s) Responsible for Accounting Control and Records:

<u>Name & Title</u>	<u>Telephone Number & E-Mail</u>
_____	_____
_____	_____
_____	_____

To Whom Should Letters, E-mails, Forms, etc. be directed:

<u>Name & Title</u>	<u>Telephone Number & E-Mail</u>
_____	_____

Address: _____

Authorized by: _____
(signature)

Title: _____
Secretary or Agency Head