ATTACHMENT F

Detailed Account Analysis Statement
(Name of Agency)

DDA Number:
XXXXXXXXXX
Month Ending: (Date)
Page: 1 of X

Service Charge Summary

Standard Charges:	**$X.XX**
Basic Charges:	**$X.XX**
Ancillary Charges:	**$X.XX**
Total Service Charges:	**$XX.XX**

TMA Code	TMA Description	Service Type	Lockbox Number	Volume	Price Per Item	Service Charge
XX XX XX	XXXXX	Standard (S)	XXXXXX	XXX	$X.XX	$X.XX
		Basic (B)	XXXXXX	XXX	$X.XX	$X.XX
		Ancillary (A)	XXXXXX	XXX	$X.XX	$X.XX
		X	XXXXXX	X	$X.XX	$X.XX
		X	XXXXXX	XX	$X.XX	$X.XX
					TOTAL	$XXXX.XX