

Report of Certain Eurocurrency Transactions

For All Depository Institutions Other Than U.S. Branches and Agencies of Foreign Banks

For the week ended Monday, _____, _____.

If your institution had no outstanding balances to report, please check this box, sign the report, and return to the Federal Reserve Bank designated below.

This report is required by law [12 U.S.C. §§248(a), 461, 603, and 615].

The Federal Reserve System regards the information provided by each respondent as confidential. If it should be determined subsequently that any information collected on this form must be released, respondents will be notified. The Federal Reserve may not conduct or sponsor, and an organization (or a person) is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

PLEASE READ INSTRUCTIONS PRIOR TO COMPLETION OF THIS REPORT.

Items	For FRB Use Only	Report all balances as of the close of business each day to the nearest thousand dollars.																	
		Column 1 Tuesday		Column 2 Wednesday		Column 3 Thursday		Column 4 Friday		Column 5 Saturday		Column 6 Sunday		Column 7 Monday		Column 8 Total			
		Mil	Thou	Mil	Thou	Mil	Thou	Mil	Thou	Mil	Thou	Mil	Thou	Mil	Thou	Mil	Thou		
1. Gross Borrowings from Non-U.S. Offices of Other Depository Institutions and from Certain Designated Non-U.S. Entities	2852																		1.
2. Gross Liabilities to Own Non-U.S. Branches Plus Net Liabilities to Own IBF ¹	2940																		2.
3. Gross Claims on Own Non-U.S. Branches Plus Net Claims on Own IBF ¹	2162																		3.
4. Assets Held by Own IBF and Own Non-U.S. Branches Acquired from U.S. Offices	2159																		4.
5. Credit Extended by Own Non-U.S. Branches to U.S. Residents	1508																		5.

¹Report only a single net position in either Item 2 or 3 that represents your net due from/due to position with your own IBF. Refer to the detailed Instructions for the Preparation of the Report of Certain Eurocurrency Transactions to determine this amount. Under no circumstance should an amount be reported in *both* Items 2 and 3 that represents your net position with your own IBF.

I certify that the information shown on this report is correct.

Please return to:

 Authorized Signature

 Person to be Contacted Concerning this Report (please print)

 Title

 Area Code and Telephone Number