

**CARES ACT/COVID-19 REIMBURSEMENT REQUEST
FACILITIES RENTAL FOR COURTROOM SPACE**

THE FOLLOWING MUST BE COMPLETED AND DOCUMENTATION ATTACHED.

FAILURE TO SUBMIT COMPLETED FORM WITH REQUIRED DOCUMENTATION WILL RESULT IN DELAY OF REIMBURSEMENT.

County/Court Requesting Reimbursement: _____

County/Court Mailing Address: _____

Judge(s): _____

Facility Name & Address: _____

Lease/Rental Dates: _____

Reason for Lease/Rental: _____

Amount Requested: _____

The following documentation is **required** and **must be attached** to the request:

____ Invoice

____ Proof of payment

____ Lease/rental agreement

CERTIFICATION

I hereby certify this request for reimbursement is true and correct.

Authorized Signature

Date

Printed Name

Title

Mail reimbursement request with all supporting documentation to the following address:

Supreme Court of Mississippi

Finance Office

Post Office Box 117

Jackson, MS 39205

Contact:

Lisa Counts, AOC Deputy Director

601.359.3470 lcourts@courts.ms.gov