

SUPREME COURT OF MISSISSIPPI

CARES ACT/COVID-19 REIMBURSEMENT REQUEST

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: _____

Contact Name: _____ Contact Phone #: _____

Contact Email Address: _____

Description of Purchase(s):

Amount Requested: _____

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

- ____ Invoice(s) detailing items purchased
- ____ Proof of payment for each invoice/purchase
- ____ Copy of AOC approved request to purchase

Certification:

I hereby certify this request to be true and correct to the best of my knowledge, that reimbursement is only being requested for those expenditures approved by the AOC related to AOC-CARES Act COVID-19 funds.

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