Clear Form

STATE OF MISSISSIPPI
GOVERNOR PHIL BRYANT

DEPARTMENT OF FINANCE AND ADMINISTRATION
LAURA D. JACKSON
EXECUTIVE DIRECTOR

Quarterly Report for Bond Proceeds

Name of Entity: _____

Project Description: _____

Authorizing Legislation: _____

Report for the Quarter Ending: December 31 For the Year: _____

Report Type: Initial

Please complete only upon initial receipt of funding	Amount
Date of Initial Receipt of Bond Proceeds (_____):	$_____
Less: Pro Rata Share of Issuance Cost (if applicable):	($_____)
Beginning Project Balance:	$0.00

	Date	Amount
Beginning Quarterly Balance	(_____):	$_____
Plus: Interest Earned (if applicable):		$_____
Less: Quarterly Project Expenditures:		($0.00)
Ending Quarterly Balance	(_____):	$ 0.00

Project Update Summary (please supply a quarterly update regarding status of project):

Quarterly Project Expenditures

Date	Description	Amount
	Total	**$ 0.00**

******Reminder All Invoices and Bank Statements must be attached******

Revised February 2019

I, the undersigned authority, do hereby swear and affirm that all information provided above is complete and accurate to the best of my knowledge. I further swear and affirm that all State bond proceeds reported on herein were used in accordance with the legislation that authorized such bonds.

Authorized by:

_____
Name

_____
Signature

_____
Title

_____
Date

Sworn to and subscribed before me this_____day of_____, 20_____

State of Mississippi
County of: _____

Notary Public _____
My Commission Expires _____

Notary
Public
Seal