



STATE OF MISSISSIPPI
GOVERNOR TATE REEVES

DEPARTMENT OF FINANCE AND ADMINISTRATION
LIZ WELCH
EXECUTIVE DIRECTOR

Quarterly Report for Bond Proceeds

Name of Entity: _____

Project Description: _____

Authorizing Legislation: _____

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

Report Type: _____

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

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

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

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

****Please submit Quarterly Report, along with bank statements and invoices to BondAdvisory@dfa.ms.gov****