Clear Form

STATE OF MISSISSIPPI
GOVERNOR TATE REEVES

DEPARTMENT OF FINANCE AND ADMINISTRATION
LIZ WELCH
EXECUTIVE DIRECTOR

QUARTERLY REPORT FORM

Name of Entity: _____

Project Description: _____

Legislative Bill Number: _____

Report for the Quarter Ending: _____ Year: _____

Report Type: _____

Complete this section upon initial receipt of funds	Amount
Date of Initial Receipt of Proceeds ( ):	$_____
Less: Pro Rata Share of Issuance Cost (if applicable):	($_____)
Beginning Project Balance:	$0.00

Insert Beginning and Ending Quarter dates in ( )below

	Amount
Quarter Balance Beginning (_____):	$_____
Plus: Interest Earned/Reimbursements (if applicable):	$_____
Less: Project Expenditures During This Period:	($0.00)
Quarter Balance Ending (_____):	$ 0.00

Project Summary:**(List updates regarding the project status or information regarding bank transfers or errors):**

Project Expenditures

Bank fees should be listed but must be reimbursed by the next quarter

Date	Invoice Description	Amount
	Total	**$ 0.00**

******Please submit the notarized report, three (3) bank statements, and invoices to the email provided in the notice.******

Revised April 2022

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.

Please note that under no circumstance should the person executing the report also notarize the signature.

COMPLETED BY:

_____
Name

_____
Signature

_____
Title

_____
Date

Sworn to and subscribed before me this _____ day of_____ _____

State of Mississippi
County of: _____

Notary Public _____
My Commission Expires _____

Notary Public Seal