



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:	\$ _____

***Insert Beginning and Ending Quarter dates in ( \_\_\_\_\_ )below***

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

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



*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