

























**Local Court Security Team** *Exhibit C*  
**Court Security Cash Fund - Reimbursement Request Form** *Eva 11/08/09*  
*per SS*

**Section I: General Information**

Judicial District #:	Project Duration:		
	From:	To:	
County:	County Commissioner (or designee):		
	Name:	Phone:	
Report covers project activity during the following calendar quarter:			
July 1 - Sept 30	_____	Jan 1 - Mar 31	_____
Oct 1 - Dec 31	_____	Apr 1 - June 30	_____

**Section II: Financial Information**

	A	B	C	D	E	F	G
Budget Category	Budget Allocation	Expended Prior Quarter(s)	Expended Current Quarter	Expended YTD (B+C)	Encumbered	Total Obligated (D + E)	Unobligated Allocation (A-F)
Personnel							
Equipment							
Training							
<b>Total</b>							

Prepared By / Date: \_\_\_\_\_ Approved By / Date: \_\_\_\_\_

**Note - Submit a completed W9 form with your first reimbursement request.**

Make check payable to: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
 \_\_\_\_\_

Phone number: \_\_\_\_\_

**Section III: Judicial Department Use Only**

Reviewed & Approved for Payment By / Date: \_\_\_\_\_  
 Steve Steadman, Court Security Specialist

FY: \_\_\_\_\_ PV #: \_\_\_\_\_ Vendor Code: \_\_\_\_\_

Category	Fund	Org	Appr	Object	Sub-Object	Amount
Personnel	20W		904	5120	01	
Equipment	20W		904	5120	02	
Training	20W		904	5120	03	
<b>Total</b>						

PV Review & COFRS Entry By / Date: \_\_\_\_\_

COFRS Approval By / Date: \_\_\_\_\_