Comptroller of Public Accounts FORM 40-140 (9-03)

Please complete and sign this report and enter a telephone number that can be called if additional information is necessary.

SEXUAL ASSAULT / SUBSTANCE ABUSE PROGRAMS SUPPLEMENT

c. County identification number	d. Report for quarter ending	e.	f. Due date of report

g. County name

Please check appropriate box to indicate which Fund/Program Supplement page is reporting.

(NOTE: Use a separate supplement form(s) to report amounts from different funds/programs)

☐ SEXUAL ASSAULT PROGRAM FUND

☐ SUBSTANCE ABUSE FELONY PROGRAM--Residential Aftercare Program

CASE NUMBER	NAME	FEE COLLECTED
		$
		$
		$