

QUARTERLY REQUEST FOR COUNTY REIMBURSEMENT OF JUROR PAYMENTS

- Texas Government Code 61.0015 -

COMPTROLLER USE ONLY

AGY	COBJ	TC	FUND	AY	PCA	APPROVAL	DOCUMENT NUMBER	DOCUMENT AMOUNT
241	7612	225	0001	17	03039			

County name/address for warrant or direct deposit notification Name: County: Address: City, State & Zip:	County taxpayer identification number Tax ID:	Mail code
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JUROR PAYMENT REIMBURSEMENT REQUEST

CALENDAR CLAIM QUARTER	CLAIM DUE BY	CLAIM WILL BE PAID BY		AMOUNT REQUESTED		
Jan 1 to March 31	April 22	May 20	Q1			
April 1 to June 30	July 22	Aug 19	Q2			
July 1 to Sept 30	Oct 21	Nov 18	Q3			
Oct 1 to Dec 31	Jan 22	Feb 19	Q4			

THIS SECTION TO BE COMPLETED BY COUNTY

Per instructions on reverse side, please attach supporting documentation with this request for payment.

COUNTY CERTIFICATION

I, _____, the authorized official of the Commissioner's Court of
PRINT NAME
 «county» County hereby certify that the amounts requested are due and payable pursuant to Section 61.0015 (b) of the Government Code and are to the best of my knowledge true and correct.

sign here ▶	Authorized Official/Commissioner's Court	Title	Date

COUNTY CONTACT INFORMATION

Person to contact regarding information on this form Name & Title	Contact E-mail	Contact Phone Number

COMPTROLLER'S JUDICIARY SECTION APPROVAL

I approve this request for payment and to the best of my knowledge this request for payment is true and correct. This payment complies with Section 61.0015 of the Texas Government Code. Direct deposit Check enclosed

Audited by:	Date

SEE REVERSE SIDE FOR PROCEDURES AND FURTHER INSTRUCTIONS

CLAIM INSTRUCTIONS FOR REIMBURSEMENT OF JUROR PAYMENTS

Filling out the form:

1. Enter name, county, address and Tax ID.
2. In the JUROR PAYMENT REIMBURSEMENT REQUEST section, enter the amount you are claiming in the field to the right of the quarter under the Amount Requested column.
3. Complete the County Certification and County Contact Information section.
4. If you are using the Supporting Documentation sheet, circle the quarter you are claiming in the top right, enter the County name and Quarter Date Range. Enter the information requested in the columns with total at the bottom. If you would prefer to complete this sheet electronically, please contact the Comptroller's Judiciary Section.

Guidelines:

1. The total amount of this reimbursement claim should correspond with the supporting documentation total attached to this request for payment. **Incomplete supporting documentation may delay reimbursement.**
2. Per Texas Government Code 61.0015, this quarterly reimbursement request should only include the \$34 daily reimbursement, beginning on the second day of service, to each juror that has served in the county.
3. If available funds are not sufficient to reimburse the total quarterly requests, all counties will be reimbursed an equal percentage. Requests that are received late will be paid at that same percentage.
4. Any unpaid balances from a previous quarter will be paid before a subsequent quarterly reimbursement is calculated for payment.
5. Quarterly requests that are not received by the deadline will be paid with the next quarter requests.
6. Warrants and direct deposit notifications are mailed to the address on the front. Any corrections and/or changes should be made on this form for our records to be updated.
7. An authorized official of the Commissioner's Court must certify this request. Please enter the county contact, email address and phone number below the certification signature.
8. Please mail the request, postmarked on or before the date listed under "Claim due by", to the Comptroller's Judiciary Section to the address indicated on the form.

Mail Completed Form to:
Comptroller's Judiciary Section
P. O. Box 13528
Austin, Texas 78711-3528

Questions? Call 1-800-531-5441

**QUARTERLY REQUEST FOR COUNTY
REIMBURSEMENT OF JUROR PAYMENTS**

SUPPORTING DOCUMENTATION

1 2 3 4

Supporting Documentation

County Name	Quarterly Date Range	Grand Total Amount Requested
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	Date of Service	Juror First /Last Name	Number of Days Served	Amount Paid to Juror by county	Number of Days Requested from State (begin w 2nd day)	Amount Requested from State
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
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