

**STATE OF NORTH CAROLINA  
JUDICIAL BRANCH OF GOVERNMENT**

**CSC REQUEST FOR REIMBURSEMENT**

County Name

**INSTRUCTIONS:** This form is to be used to request reimbursement for Account 17390 (Due from AOC-Cash Shortage), Account 17370 (Due from AOC-Disbursement Shortage), and Account 17810 (Due from Others-Returned Checks). Reimbursement may be requested after either State or Internal Audit, or an FMA review. For complete instructions, see the Financial Procedures Manual.

**MAIL THE ORIGINAL TO:** NCAOC Financial Services Division  
ATTN: Field Services Manager  
P.O. Box 2448  
Raleigh, NC 27602  
**OR** Courier Box 56-10-50

**RETAIN A COPY FOR YOUR FILES**

I, the undersigned, certify that this is a true and accurate report. I have examined the accounts and have determined that the shortages resulted from normal operations without evidence of negligence on the part of any individuals.

**INFORMATION:**  State Audit  Internal Audit  FMA Review

Date Reimbursed Through

Account	Description	Amount
17370	Disbursement Shortage	
17390	Cash Shortage (No. of \$100.00+ _____)	
17810	Returned Checks	
Total Reimbursement		\$

Signature Of FMA

Signature Of Bookkeeper

Date

Signature Of Clerk Of Court

**FOR USE BY AOC FINANCIAL SERVICES OFFICE**

Invoice Number	Invoice Date	Pay Entity	Vendor Number	Amount	Company	Account	Center
		02PT			0201		126026
					0201		126026
					0201		126026
Invoice Total				\$			

Date

Approval For Payment Signature

Batch Date

Batch ID

Entered By