

MAGISTRATE'S REQUEST FOR REIMBURSEMENT OF CERTIFIED CHECKS OR MONEY ORDERS

County Name	Magistrate's Name	BEACON No. (Personnel No.)
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INSTRUCTIONS: FOR THE MAGISTRATE:

1. Complete the form, listing all certified checks or money orders purchased. (If you have more than 10 items, attach another form.)
2. Attach the receipts. (The receipts must match the total reflected above.)
3. Sign and date the form and submit it to the CSC's office for payment.

FOR THE BOOKKEEPER:

1. Complete a Payment Authorization Form and attach this form to it.
2. Obtain the CSC's signature on the Payment Authorization Form.
3. Use the FMS Accounts Payable System to issue the check to the Magistrate. Payment should be made from account 17310 using no case number or subledger.
4. Send the white copy of the Payment Authorization Form and a copy of this form to NCAOC Financial Services, PO Box 2448, Raleigh, NC 27602 Courier #56-10-50

CERTIFIED CHECKS OR MONEY ORDERS PURCHASED				
DATE PURCHASED	AMOUNT OF CHECK/MONEY ORDER	LOCATION PURCHASED	CHECK/MONEY ORDER NUMBER	COST OF CHECK/MONEY ORDER
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL COST OF PURCHASING THE CERTIFIED CHECKS OR MONEY ORDERS				\$

Address where the check should be mailed to _____

DATE: _____

MAGISTRATE'S SIGNATURE: _____