

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

**CSC REIMBURSEMENT REQUEST FOR  
OUT-OF-COUNTY FEES**

**REIMBURSEMENT REQUEST INSTRUCTIONS**

To use this form to request reimbursement from another county clerk's office for a shortage in an out-of-county officer/jail fee account, please do the following:

1. Complete Section I of this form.
2. Give completed form to your Financial Management Analyst (FMA) for approval.
3. If approved, your FMA will submit to the appropriate clerk's office for reimbursement.
4. Upon reimbursement, attach a duplicate copy of the receipt to this form and file with Reimbursement Requests.

**NOTE:** *Out-of-county officer/jail fee shortages must be at least 6 months old to request reimbursement.*

**SECTION I: REQUEST FOR REIMBURSEMENT**

*Requesting County*

*Requesting County Address Or Courier No.*

*Name Of Out-Of-County Law Enforcement Agency For Which Shortage Exists*

*GL Account No.*

*Date Of Payment Causing Shortage*

*Amount Requested*

*Reason For Shortage (include file no. if applicable)*

*Date Of Request*

*Name Of Clerk From Requesting County (type or print)*

*Signature Of Clerk From Requesting County*

**FOR USE BY NCAOC FINANCIAL SERVICES DIVISION**

*Date Received By Requesting County's FMA*

**FMA Approval**     **Not Approved by FMA**

*Reason For Not Approving*

*Name Of FMA (type or print)*

*Signature Of FMA*

*Date Form Sent To Reimbursing County*

**REIMBURSEMENT FULFILLMENT INSTRUCTIONS**

Please address the reimbursement request using this form by doing the following:

1. Obtain the general ledger account number for your county associated with the law enforcement agency listed above.
2. Complete Section II by entering the general ledger account number below (GL Account No. Check Issued From).
3. Enter the amount of the issued check. The amount should be the same as the amount requested above. If you have any concerns about the amount listed, please contact your FMA.

If a reimbursement check will be issued:

1. Complete a Payment Authorization from the account number (and file number if applicable) for the amount listed below.
2. Attach this form to the bookkeeping copy.
3. The Payment Authorization should be signed by a non-bookkeeper.

If a check will not be issued, please contact your FMA or the FMA listed above.

**SECTION II: REIMBURSEMENT**

*Reimbursing County*

*File No. (if applicable)*

*Date Check Mailed*

*GL Account No. Check Issued From*

*Amount Issued*

*Check Not Issued For Following Reason*

*Name Of Clerk From Reimbursing County (type or print)*

*Signature Of Clerk From Reimbursing County*