

Date: \_\_\_\_\_

WF

Page: \_\_\_\_\_ of \_\_\_\_\_



Commonwealth of Kentucky  
 Court of Justice

**WITNESS FUND REPORT**

VENDOR ID NUMBER	VEND SUFF	DATE PAYMENT DUE
DEPOSIT DATE (mm dd yy)	C/M	AGENCY REFERENCE DATA
<b>FOR DIVISION OF ACCOUNTS USE ONLY</b>		
FMO	FY	AUDIT REFERENCE
		VOUCHER NUMBER

TRAN CODE	FUND	CAB	DEPT	PROG/ PROJ	OBJECT CODE	DIV	BR	SECT	UNIT	FUNCTION CODE	LOCATION	AMOUNT
215	01	39	759	MA00	E382						00	

**TO:**  
 Division of Local Government Services  
 County Fee Systems Branch  
 3rd Floor, Station 10  
 200 Fair Oaks Ln.  
 Frankfort, Kentucky 40601

**FROM:** \_\_\_\_\_ Co. Circuit Clerk  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Please type or print clerk's name)  
 \_\_\_\_\_  
 (Street Address or P. O. Box)  
 \_\_\_\_\_, Kentucky  
 (City) (Zip Code)

**REIMBURSEMENT OF IMPREST WITNESS FUND**

FOR THE PERIOD ENDED \_\_\_\_\_

**Certification of the Condition of the Imprest Witness Fund**

1. Original Amount of Imprest Witness Fund .....\$ \_\_\_\_\_
- Subtract:
2. Disbursements Not Included on This Schedule .....
3. Previous Schedules Not Reimbursed .....
4. Balance Per Control Card.....(A) \_\_\_\_\_ (B) \_\_\_\_\_
5. Amount to be Reimbursed This Month .....\$ \_\_\_\_\_

Signature of Clerk \_\_\_\_\_  
 (Do not write below this line)

Approved for Reimbursement \_\_\_\_\_  
 (Finance and Administration Cabinet Use Only)

**INSTRUCTIONS:**

Forward one copy along with receipts, (which equal "Amount to be Reimbursed") to the County Fees Branch, Finance and Administration Cabinet, Frankfort, to reimburse your Imprest Witness Fund. Allow at least ten (10) days for reimbursement check to arrive.