

Clear Form



FINANCE AND ADMINISTRATION CABINET
OFFICE OF THE CONTROLLER
DIVISION OF LOCAL GOVERNMENT SERVICES

Clerk/Sheriff Use:

Received by
County Fees:

Pay In Voucher Form

COUNTY OFFICE: _____ REPORT MONTH: _____ SUBMISSION DATE: _____
must specify 'Clerk' or 'Sheriff'

All revenues and expenditure reimbursements from the prior month must be reported on one comprehensive Pay In Voucher Form due with payment by the tenth of every month. Any checks made payable to your office should be deposited by your office and reported the next month. Note: the ACH Pay website cannot accept a payment over \$999,999.99. If your Pay In Total is more than this maximum, please make multiple transactions until the total is paid.

	TERM	FUND	REV/OBJ CODE	DESCRIPTION <i>please detail all expenditure reimbursements</i>	AMOUNT
1	'23-'26	%	R404		
2	'23-'26	%	R404		
3	'23-'26	%	R404		
4	'23-'26	%	R404		
5	'23-'26	%	R404		
6	'23-'26	%	R404		
7	'23-'26	%	R404		
8	'23-'26	%	R404		
9	'23-'26	%	R404		
10	'23-'26	%	R404		
11	'23-'26	%	R404		
12	'23-'26	%	R404		
13	'23-'26	%	R404		
14	'23-'26	%	R404		
15	'23-'26	%	R404		
TOTAL AMOUNT					0.00

For Clerk/Sheriff Use:

I signify that the money itemized above and remitted includes all receipts since submission of the last report. According to KRS 64.345(3), I understand these funds and the filing of this statement are **due no later than the tenth day of each month.**

AUTHORIZED AGENT: _____ TITLE: _____
digital signature accepted

*Upload this form, along with the corresponding ACH Confirmation and supporting documentation, using our **BOX Hub** for processing by County Fees. We will receive instant notification of your upload. Please email **FIN.LargeCounty@ky.gov** with any questions.*