AOC-589
Rev. 8-24
Form DOA-44

Date:_____

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WF

VENDOR ID NUMBER	VEND SUFF	DATE PAYMENT DUE

DEPOSIT DATE (mm dd yy)	C/M	AGENCY REFERENCE DATA

FOR DIVISION OF ACCOUNTS USE ONLY			
FMO	FY	AUDIT REFERENCE	VOUCHER NUMBER

Commonwealth of Kentucky
Court of Justice

WITNESS FUND REPORT

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 Fees Systems Branch
4th Floor, Station 10
501 High Street
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)

Distribution:
Original - Circuit Clerk
Copy - email to Jurywitnessreports@ky.gov and AOCmonthlyreports@kycourts.net