

Fee Transmittal for State of Michigan Local Corrections Officer Training Fund

Issued under authority of P.A. 124 of 2003.

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|--|--|--------------------------|
| County Name and Address | Report Period <input type="checkbox"/> Jan / Feb / Mar - Due May 1 <input type="checkbox"/> Apr / May / Jun - Due August 1 <input type="checkbox"/> Jul / Aug / Sep - Due November 1 <input type="checkbox"/> Oct / Nov / Dec - Due February 1 | |
| Total Number of Bookings for the Report Period..... | | |
| Total Booking Fees Collected for the Report Period..... | \$ | |
| Total Number of Refunds Issued for the Report Period..... | | |
| Total Incarceration Fees Refunded for the Report Period..... | \$ | |
| Total Collection Amount Due the State of Michigan..... | \$ | |
| <p><i>I certify that the fees reported and remitted were collected and are transmitted in compliance with the specified statutes.</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Preparer Date</p> | | |
| Print Name of Preparer | Title of Preparer | Phone Number of Preparer |

Mail this original transmittal form and a check made payable to "State of Michigan" in the amount due to:

Receipts Processing Division - Michigan Department of Treasury
P.O. Box 30788
Lansing, MI 48909-8288

If you have any questions, please contact the Sheriffs Coordinating and Training Council at (517) 485-3135.