



# STATE OF ALABAMA COMPTROLLER'S OFFICE

Feed Bills, Extraditions, & Emergency Feed Bills

ALL FORMS ARE LISTED ON THE COMPTROLLER WEBSITE  
<https://comptroller.alabama.gov/online-forms/#county>

CONTACT  
[sheriffs@comptroller.alabama.gov](mailto:sheriffs@comptroller.alabama.gov)

# FEED BILLS

DFC "A" - SHERIFF'S FEED BILL

## THE STATE OF ALABAMA,

Payable to \_\_\_\_\_ (County)

For feeding prisoners in the jail of said county during the month of **Dec-22**

Month, Year

Date	Total # In Jail	Insane	Juvenile	Municipal	Federal	Other	# In Jail State	Per Capita
1	86			4			82	\$ 184.50
2	88			5			83	\$ 186.75
3	89			5			84	\$ 189.00
4	87			3			84	\$ 189.00
5	91			4			87	\$ 195.75
6	88			4			84	\$ 189.00
7	87			5			82	\$ 184.50
8	88			6			82	\$ 184.50
9	87			4			83	\$ 186.75
10	89			2			87	\$ 195.75
11	92			4			88	\$ 198.00
12	91			4			87	\$ 195.75
13	89			5			84	\$ 189.00
14	90			4			86	\$ 193.50
15	88			3			85	\$ 191.25
16	89			4			85	\$ 191.25
17	86			2			84	\$ 189.00
18	87			3			84	\$ 189.00
19	89			2			87	\$ 195.75
20	87			3			84	\$ 189.00
21	87			5			82	\$ 184.50
22	86			5			81	\$ 182.25
23	87			6			81	\$ 182.25
24	87			5			82	\$ 184.50
25	85			6			79	\$ 177.75
26	89			5			84	\$ 189.00
27	87			4			83	\$ 186.75
28	89			3			86	\$ 193.50
29	87			5			82	\$ 184.50
30	89			3			86	\$ 193.50
31	86			3			83	\$ 186.75
<b>Total</b>	<b>2727</b>			<b>126</b>			<b>2601</b>	<b>\$ 5,852.25</b>

Average Monthly Prisoner %

100.00%

4.62%

95.38%

Total Amount Chargeable to the State (0900-14) \$ 5,852.25

Under penalty of perjury, I \_\_\_\_\_, Sheriff of said County, swear or affirm that the payment request for \$ 5,852.25 Dollars is correct, that no part thereof has previously been requested, and that any funds requested on the above accounting and received by the sheriff's office, will, after the date hereof, be used only for their appropriated purpose: "food for prisoners in the county jail" from funds paid under authority of Ala. Code §14-6-42, and for "jail operation or for law enforcement purposes related to the operation of the office of sheriff" under authority of Ala. Code §14-6-47 (a).

\_\_\_\_\_  
Sheriff's Signature

# EXTRADITIONS

An inmate may be transported 1 of 3 ways:

- Transport company – Attach invoice, total should equal invoice amount

Date or dates of removal		<u>01/23/2023</u>
To _____, Sheriff _____ days at \$8.00 per day.....\$		0.00
To _____, Guard _____ days at \$8.00 per day.....\$		0.00
Commercial transportation must be tax exempt.		
ITEMIZATION OF EXPENSES		
DATE	Number of miles	at .10/per mile
		0.00
01/23	23	PTS of America
Total		800.00
Mileage Out of State Title 15-9-62		

- Deputy transport in own vehicle – \$8.00/day, \$0.10/mile, meals if purchased

Date or dates of removal		01/23/2023	
To	DEPUTY NAME 1	, Sheriff 1	days at \$8.00 per day.....\$ 8.00
To	DEPUTY NAME 2	, Guard 1	days at \$8.00 per day.....\$ 8.00
Commercial transportation must be tax exempt.			
DATE	ITEMIZATION OF EXPENSES		
	Number of miles	250 at .10/per mile	25.00
		DINNER - McDonald's (2 Deputies, 1 inmate)	26.41
		Total	67.41
Mileage Out of State Title 15-9-62			

- Overnight transport/flight – All necessary expenses covered, \$8.00/day

Date or dates of removal		01/23/2023 - 01/24/2023	
To	DEPUTY NAME 1	, Sheriff 2	days at \$8.00 per day.....\$ 16.00
To	DEPUTY NAME 2	, Guard 2	days at \$8.00 per day.....\$ 16.00
Commercial transportation must be tax exempt.			
DATE	ITEMIZATION OF EXPENSES		
	Number of miles	at .10/per mile	0.00
		AIRLINE TICKETS (2 Deputies, 1 inmate)	1,000.00
		MEALS	100.00
		HOTEL	97.00
		VEHICLE RENTAL	86.00
		VEHICLE RENTAL FUEL	24.00
		PARKING	20.00
		TOLL FEES	2.50
		Total	1,361.50
Mileage Out of State Title 15-9-62			

# EMERGENCY FEED BILLS

## STATE OF ALABAMA COMPTROLLER'S OFFICE

### Emergency Feeding Fund Request Packet

Entire packet (Cover letter, checklist, signed request form, and supporting documents/bank statements) must be emailed to [sheriffs@comptroller.alabama.gov](mailto:sheriffs@comptroller.alabama.gov).

- **Cover Letter**
  - Must be signed by the County Commission and Sheriff's Office
  - Must list the dollar amount the County is requesting, and state the County's Feeding Fund is depleted.
  - Must address why the Sheriff's Feeding Fund is depleted.
  - Please note that a County Commission may not receive more than 80% of the actual cost overrun substantiated by financial records up to a maximum of \$25,000 per year
- **Emergency Feeding Fund Request Form**
- **Listing of funds received from the State for feeding of prisoners for the current fiscal year.**
  - Bank statements of the prisoner feeding fund activity for the current fiscal year.
  - Copies of statements and/or invoices concerning payment activity for the current fiscal year
  - If funds other than the prisoner feeding fund were used to feed state inmates, the financial records for that fund must be included as well.
- The financial records must be presented to the Comptroller's Office in an organized manner. If the Comptroller's Office cannot balance the financial records presented, funds may not be awarded to the requesting County.

## COVER LETTER SAMPLE

State Comptroller's Office  
Shared Services  
State of Alabama, Dept. of Finance  
100 North Union Street, Suite 277  
Montgomery, AL 36130

\_\_\_\_\_, 2022

Dear Comptroller,

The \_\_\_\_\_ County Commission and the \_\_\_\_\_ County Sheriff kindly request \$\_\_\_\_\_ from the Emergency Prisoner Feeding Fund established by Code of Alabama § 14-6-51 (1975) to address the financial emergency currently faced by the \_\_\_\_\_ County Sheriff's Department Inmate Feeding Fund. Unforeseeable increases in the price of food during **[DATES]**, has resulted in the financial emergency necessitating this request. **[EXPLANATION OF FINANCIAL EMERGENCY NECESSITATING THIS REQUEST]**. At this time, the Inmate Feeding Fund has been completely depleted, owing \$\_\_\_\_\_ to the \_\_\_\_\_ Fund. At the time of this letter, the Inmate Feeding Fund now has a negative balance.

A copy of the \_\_\_\_\_ County Commission's resolution authorizing this request is attached. Also attached are the relevant financial records demonstrating the need for assistance. Please let us know if you need any additional information to process this request.

We hope that you will assist us in receiving the funding we so desperately need to provide meals for the inmates.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_ County Sheriff

\_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_ County Commission Chairman

## BALANCED SUMMARY OF FEEDING FUND BALANCE EXAMPLE

Summary Report of Balance for Prisoner Feeding Fund Account		
<b>Month</b>		<b>Balance</b>
October, 2021		\$18,442.61
November, 2021		\$17,543.20
December, 2021		\$16,375.33
January, 2022		\$14,228.94
February, 2022		\$13,237.26
March, 2022		\$9,809.24
April, 2022		\$4,357.15
May, 2022		\$8,037.13
June, 2022		\$6,885.01
July, 2022		\$4,396.81
August, 2022		\$1,133.22

# CODE OF ALABAMA

## ➤ FEED BILLS

- §14-6-40 thru 14-6-50
- § 14-6-42 – \$2.25 per prisoner per day

## ➤ EXTRADITIONS

- § 15-9-1 through 15-9-100
- § 15-9-62 – Expenses

## ➤ EMERGENCY FEED BILLS

- § 14-6-51

# CONTACT

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334-242-4793

➤ Amanda Leger  
334-353-1660

➤ Email  
[sheriffs@comptroller.alabama.gov](mailto:sheriffs@comptroller.alabama.gov)