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

	'A" - SHERI								
THE	ESTATE	OF AL	ABAMA,	,		Autom	atic enter Co	ounty b	below
	Payable to						(County)		_
For fe	eding prison	ers in the jai	l of said cou	nty during th	ne month of		Oct-24		
							Month, Ye	ar	
Date	Total# In	Insane	Juvenile	Municipal	Federal	Other	# In Jail	Per	Capita
1	Jail 100			1			State 99	e	247.50
2	100			2			99	S	247.50
3	102			3			99	s	247.50
4	103			4			99	s	247.50
5	104			5			99	s	247.50
6	105			6			99	\$	247.50
7	106			7			99	\$	247.50
8	107			8			99	\$	247.50
9	108			9			99	\$	247.50
10	109			10			99	\$	247.50
11	110			9		·	101	\$	252.50
12	111			8			103	\$	257.50
13	112			7			105	\$	262.50
14	113			6			107	\$	267.50
15	114			5			109	\$	272.50
16	115			4			111	\$	277.50
17	116			3			113	\$	282.50
18	117			2			115	\$	287.50
19	118			1			117	\$	292.50
20	119						119	\$	297.50
21	120						120	\$	300.00
22	121						121	\$	302.50
23	122						122	\$	305.00
24	123						123	\$	307.50
25	124			1			123	Ş	307.50
26 27	125 126			3			123 123	S	307.50
28	120			4			123	S	307.50 307.50
29	127			5			123	s	
30	129			6			123	S	307.50 307.50
31	130			5			125	s	312.50
Total	3565			126			3439	s	8,597.50
Averag	e Monthly Pris	oner %		3.53%			96.47%		
	100.0070			2.2376			20.1770		
			Total A	Amount Char	rgeable to th	e State	(0900-14)	\$	8,597.50
						<u> </u>			
	penalty of perju			0.502.50	D. 11.		d County, swe		
	payment reque		\$				t thereof has pr		
				above accounti					
				"food for priso					
	xde §14-6-42, a uthority of Ala			w enforcement	purposes relat	ea to the opera	non of the offi	ce of sh	enii"
							Sheriff's Sign	ature	
							Carama o regu		

EXTRADITIONS

An inmate may be transported 1 of 3 ways:

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

Date o	or dat	es of removal		10/01/2024	
Го			, Sheriff	days at \$100.00 per day\$	0.0
Го			, Guard	days at \$100.00 per day\$	0.0
		Com	mercial transportation must be tax		
DA'	TE		ITEMIZATION OF EXPENSES	S	
		Number of miles	at .67 per mile		0.0
10/1	24	PTS of America			800.0
10/1	24	F15 01 America			800.0
	\vdash				
	\vdash				
	_				
				Total	800.0
Miles	70 O	at of State Title 15-9-62		Total	00

> Deputy transport in own vehicle – \$100.00/day, \$0.67/mile (State mileage rate – updated yearly), meals if purchased

Jale 0.	or date	es of removal				10/	01/2024	
îo i	DEP	UTY NAME 1			, Sheriff	1	days at \$100.00 per day\$	100.0
Γο <u>:</u>	DEP	UTY NAME 2			, Guard	1	days at \$100.00 per day\$	100.0
DAT	ΓE			cial transportation			mpt.	
		Number of miles	250	at .67 per mile				167.5
10/1	24	Dinner - McDonal	d's (2 Dept	aties, l inmate)				26.4
							T. ()	202.0
***							Total	393.

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

Date	or da	tes of removal	10)/01/202	4 - 10/02/2024	
То	DEF	UTY NAME 1	, Sheriff	2	days at \$100.00 per day\$	200.00
To	DEF	UTY NAME 2	, Guard	2	days at \$100.00 per day\$	200.00
DA	TE	Co	mmercial transportation must be ITEMIZATION OF EXPEN		mpt.	
		Number of miles	at .67 per mile			0.0
10/1	24	AIRLINE TICKETS				1,000.0
		MEALS				100.0
		HOTEL				97.0
		VEHICLE RENTAL				86.0
		VEHICLE RENTAL F	UEL			24.0
		PARKING				20.0
		TOLL FEES				2.5
					Total	1,729.5

EMERGENCY FEED BILLS

STATE OF ALABAMA COMPTROLLER'S OFFICE

Emergency Feeding Fund Request Packet

Entire packet (Cover letter, resolution form, and supporting documents/bank statements) must be emailed to 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.
- Must state why an unforeseeable emergency cost overrun occurred.
- Please note that a County Commission may not receive more than 80% of the actual cost overrun as substantiated by financial records up to a maximum of \$50,000 per year.

Resolution Form

- Must use approved form from Comptroller website.
- Must have all required signatures.
- o Submit with each request.

Required supporting documentation

- Listing of all funds received from the State for feeding of prisoners for the current fiscal year.
- o Bank statements of the prisoner feeding fund activity for the current fiscal year.
- o Copies of all checks and 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.

Example of Emergency Feed Cover Letter

State Comptroller's Office Agency Services State of Alabama, Dept. of Finance 100 North Union Street, Suite 268 Montgomery, AL 36130 October 1, 2024 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. An unforeseeable emergency cost overrun covering the period of [INSERT DATES] has resulted in the financial emergency necessitating this request. [INSERT EXPLANATION OF FINANCIAL EMERGENCY NECESSITATING THIS REQUEST]. At this time, the Inmate Feeding Fund has a cost overrun of \$ Therefore, we are requesting 80% (\$) of the actual cost overrun as substantiated by financial records, not to exceed fifty thousand dollars per year.
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.
Sincerely,
[SHERIFF SIGNATURE],County Sheriff
[COMMISSION CHAIRMAN SIGNATURE] County Commission Chairman

INMATE FEEDING RESOLUTION

A RESOLUTION OF THE _	COU	NI Y COMMISSION
BE IT RESOLVED, by the County C	ommission of	County, Alabama as follow
WHEREAS Section 14-6-1 of the C charge and custody of the jail in his county;	ode of Alabama (19	75) vests the Sheriff with the leg
WHEREAS Section 14-6-40 of the C responsible for the feeding of prisoners in the		
WHEREAS Section 14-6-42 of the prisoners shall be from funds paid for by the s per day for each prisoner and from an account of 14-6-47 of the Code of Alabama (1975);	state in the amount o	f two dollars and fifty cents (\$2.5)
WHEREAS the Prisoner Feeding Fur (1975), has an emergency cost overrun and, (1975), the County Commission in conjunction state from the Emergency Prisoner Feeding Fur	pursuant to Section on with the Sheriff's	14-6-51 of the Code of Alaban
	to the state Comptroll	er for funding under the Emergeno
the Chairman to jointly apply with the Sheriff t Prisoner Feeding Fund.	to the state Comptroll	er for funding under the Emergeno
the Chairman to jointly apply with the Sheriff t Prisoner Feeding Fund. **READ AND ADOPTED this da	to the state Comptroll y of	er for funding under the Emergeno
the Chairman to jointly apply with the Sheriff t Prisoner Feeding Fund. **READ AND ADOPTED this da **Logo County Commission:**	to the state Comptroll y of	er for funding under the Emergence, 202 Chairman's Signature
the Chairman to jointly apply with the Sheriff t Prisoner Feeding Fund. **READ AND ADOPTED this da **County Commission: Commissioner Chairman's Name (PRINTED)	to the state Comptroll by of Commissioner	er for funding under the Emergence, 202 Chairman's Signature
the Chairman to jointly apply with the Sheriff to Prisoner Feeding Fund. **READ AND ADOPTED this do County Commission: Commissioner Chairman's Name (PRINTED) Commissioner's Name (PRINTED)	commissioner Commissioner	er for funding under the Emergence, 202 Chairman's Signature 's Signature
the Chairman to jointly apply with the Sheriff t Prisoner Feeding Fund. **READ AND ADOPTED this da **County Commission:** Commissioner Chairman's Name (PRINTED) Commissioner's Name (PRINTED) Commissioner's Name (PRINTED)	Commissioner Commissioner	er for funding under the Emergence, 202 Chairman's Signature 's Signature

CODE OF ALABAMA

> FEED BILLS

- o §14-6-40 thru 14-6-50
- § 14-6-42 \$2.50 per prisoner per day
- o ACT #2024-251 Update to feed bill amounts through FY2026

EXTRADITIONS

- o § 15-9-1 through 15-9-100
- o § 15-9-62 Expenses
- o ACT #2024-398 Update to mileage rate and deputy per diem

EMERGENCY FEED BILLS

- o § 14-6-51
- o ACT #2024-251 Update to funding amount

CONTACT

- Allyssa Rowe334-242-4793
- Amanda Leger334-353-1660
- > Email

sheriffs@comptroller.alabama.gov