

State of Alabama Comptroller's Office

Feed Bills, Extraditions,
&
Emergency Feed Bills

Feed Bills - Legislation

- Act 2024-251 increases amount paid
 - October 1, 2024: \$2.50
 - October 1, 2025: \$2.75
 - October 1, 2026: \$3.00

Feed Bills - Legislation

- Code of Alabama §14-6-40 thru 14-6-50
- Per Capita
 - Code § 14-6-42
 - \$2.50 per prisoner per day

Feed Bills (cont.)

DFC "A" - SHERIFF'S FEED BILL

THE STATE OF ALABAMA,

VC # will appear after county is entered

Payable to ENTER COUNTY (County)

For feeding prisoners in the jail of said county during the month o

							Month, Year			
Date	Total # In Jail	Insane	Juvenile	Municipal	Federal	Other	# In Jail State	Per	Capita	
1	5						5	\$	12.50	
2	10						10	\$	25.00	
3	15						15	\$	37.50	
4	20						20	\$	50.00	
5	25						25	\$	62.50	
6	30						30	\$	75.00	
7	35						35	\$	87.50	
8	40						40	\$	100.00	
9	45						45	\$	112.50	
10	50						50	\$	125.00	

Feed Bills (cont.)

29	30						30	\$	75.00
30	29						29	\$	72.50
31	31						31	\$	77.50
Total	365						365	\$	912.50

Average Monthly Prisoner %

100.00%

100.00%

Total Amount Chargeable to the State (0900-14) \$ 912.50

Under penalty of perjury, I **SHERIFF'S NAME** , Sheriff of said County, swear or affirm that the payment request for \$ 912.50 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

Feed Bills (cont.)

- Common Errors
 - ✓ Putting Sheriff's name instead of County on "payable to"
 - ✓ Missing/incorrect month
 - ✓ Incorrect number of days
 - ✓ Missing Sheriff's signature
 - ✓ All columns have not been filled out
 - ✓ Transposed number
 - Going from 92 prisoners to 29 prisoners.

Extraditions - Legislation

- Code of Alabama § 15-9-1 through 15-9-100
- Act 2024-398 increases amount paid effective October 1, 2024
 - ✓ \$100.00 per deputy per day (increased from \$8.00)
 - ✓ State mileage rate (increased from \$0.10/mile)

Extraditions - Legislation

- § 15-9-62
 - ✓ Accused must be out of state
 - ✓ Felony Charge
 - ✓ \$100.00 per day
 - ✓ \$0.67 per mile when taking car (updated yearly)
 - ✓ Actual and necessary expenses, including commercial transportation.

Extraditions (cont.)

- Extraditions must include one of the four below:
 - ✓ Signed waiver of extradition
 - ✓ Interstate Agreement on Detainers (IAD) – an agreement between two prisons, signed by the District Attorney
 - ✓ Governor’s Warrant of Extradition – a letter from the Governor of Alabama telling the other state we need the inmate
 - ✓ Writ of Habeas Corpus – District Attorney signs the Judge’s Order

Extraditions (cont.)

- An inmate may be transported one of three ways
 - 1) Transport company– Attach itemized invoice, total should equal invoice amount
 - 2) Deputy Transport in Sheriff vehicle
 - 3) Overnight transport/Flight – all necessary expenses are reimbursable. Deputies - \$100 per day
- Add Sheriff's VC Number to form to expedite processing

Extraditions (cont.)

		Total	0.00

Mileage Out of State Title 15-9-62

I _____ **SHERIFF'S NAME** _____ Sheriff of

_____ **COUNTY** _____ County, do state, the above account for the sum of

_____ **\$XXX** _____ dollars, is correct;

that I have never received the same or any part thereof; that I had _____ **X** _____ guard(s) employed; that said account embraces, aside from per diem for self or deputy and guard, only actual traveling expenses, and that without any unnecessary delay the nearest route usually traveled was followed.

Sheriff

Extraditions (cont.)

- Common Errors
 - ✓ Missing Sheriff's Signature
 - ✓ Missing Waiver, Governor's Waiver, IAD, or Writ of Habeus Corpus
 - ✓ Non-Corresponding Dates
 - Claim has a date of January 10th and Invoice has a date of drop off for January 17th

FAQ - Extraditions

- What Expenses will the State reimburse?
 - ✓ \$100.00 per day for each Sheriff and/or Guard
 - ✓ Round trip mileage at current State rate – \$0.67/mile for 2024
 - ✓ Necessary food expenses
 - This includes the inmate while traveling
 - Must include proof of payment and itemization
 - ✓ Hotel Bills for overnight travel
 - ✓ Necessary means of Transportation
 - Airplane, rental car, train, bus, etc.
 - ✓ Parking, tolls, and other necessary expenses that may be incurred

FAQ - Extraditions

- What do I need to provide to be reimbursed for travel?
 - ✓ RECEIPTS. Proof of payment is required to be reimbursed for out-of-pocket expenses
- Does the State reimburse for gas?
 - ✓ Only for rental car fill ups
- Can the Sheriff contract an outside service for the purpose of extraditing prisoners?
 - ✓ Yes. According to the Attorney Generals Opinion 86-00258, a Sheriff can contract services for the return of a fugitive to the State of Alabama

FAQ - Extraditions

- What paperwork needs to be included when submitting claims?
 - ✓ Form DFC 40 completed and signed by Sheriff
 - ✓ Waiver of Extradition (signed by inmate), Governor's Warrant of Extradition from ALABAMA, IAD, or Writ of Habeus Corpus
 - ✓ Receipts for any travel expenses
 - ✓ Missing/lost receipt – Contact Shared Services for missing meal receipt form
 - ✓ Itemized invoice if an outside service is used



Emergency Feed Bills

- Code of Alabama § 14-6-51
 - Joint application from County Commission and Sheriff
 - Unforeseeable emergency cost overrun in the Prisoner Feeding Fund in the county treasury
 - Sworn statement signed by the Chair of the County Commission and the Sheriff stating the need for emergency funding and the reason for unforeseeable cost overrun
 - 80% of the actual cost overrun as substantiated by financial records
 - Maximum of \$50,000 per fiscal year (Act 2024-251)

Emergency Feed Bills

- Currently, only 14 counties have utilized emergency feed bill funding
- Organized documentation = faster processing and payout
 - ✓ Separate bank account
 - ✓ Organized spreadsheet
 - ✓ EFT = expedited payment

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.
 - Submit with each request.
- Required supporting documentation
 - Listing of all 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 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.

Emergency Feed Bills

Cover Letter Sample

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

Emergency Feed Bills

A RESOLUTION OF THE _____ COUNTY COMMISSION

BE IT RESOLVED, by the County Commission of _____ County, Alabama as follows:

WHEREAS Section 14-6-1 of the Code of Alabama (1975) vests the Sheriff with the legal charge and custody of the jail in his county;

WHEREAS Section 14-6-40 of the Code of Alabama (1975) provides that the Sheriff shall be responsible for the feeding of prisoners in the county jail under his jurisdiction;

WHEREAS Section 14-6-42 of the Code of Alabama (1975) states that the feeding of prisoners shall be from funds paid for by the state in the amount of two dollars and fifty cents (\$2.50) per day for each prisoner and from an account designated the Prisoner Feeding Fund pursuant to section 14-6-47 of the Code of Alabama (1975);

WHEREAS the Prisoner Feeding Fund pursuant to section 14-6-47 of the Code of Alabama (1975), has an emergency cost overrun and, pursuant to Section 14-6-51 of the Code of Alabama (1975), the County Commission in conjunction with the Sheriff seeks to apply for funding from the state from the Emergency Prisoner Feeding Fund; and

NOW BE IT RESOLVED, that the _____ County Commission hereby authorizes the Chairman to jointly apply with the Sheriff to the state Comptroller for funding under the Emergency Prisoner Feeding Fund.

READ AND ADOPTED this ____ day of _____, 202__.

_____ County Commission:

Commissioner Chairman's Name (PRINTED)

Commissioner Chairman's Signature

Commissioner's Name (PRINTED)

Commissioner's Signature

Commissioner's Name (PRINTED)

Commissioner's Signature

Commissioner's Name (PRINTED)

Commissioner's Signature

ATTEST:

County Administrator's Name (PRINTED)

County Administrator's Signature

New Forms

- Updated forms will be added to the Comptroller website for use beginning October 1st
- Must use Comptroller approved forms

Contact

For Feed Bill, Extradition, and Emergency Feed Bill payments and questions:

sheriffs@comptroller.alabama.gov

Allyssa Rowe

334-242-4793

Amanda Leger

334-353-1660

<https://comptroller.alabama.gov/online-forms/#county>