



STATE OF MISSISSIPPI
GOVERNOR TATE REEVES

DEPARTMENT OF FINANCE AND ADMINISTRATION
LIZ WELCH
EXECUTIVE DIRECTOR

QUARTERLY REPORT FORM

Name of Entity: Madison County Board of Supervisors
Project Description: Reunion Parkway From Bozeman Road to Parkway East
Legislative Bill Number: HB 1730

Report for the Quarter Ending: June 30 Year: 2024

Quarterly

Report Type: _____

	Amount
<i>Complete this section upon initial receipt of funds</i>	
Date of Initial Receipt of Proceeds (06/04/2021): _____	\$ 5,000,000.00
Less: Pro Rata Share of Issuance Cost (if applicable): _____	(\$ _____)
Beginning Project Balance: _____	\$ 5,000,000.00

Insert Beginning and Ending Quarter dates in () below

	Amount
Quarter Balance Beginning (<u>04/01/2024</u>): _____	\$ 3,701,083.48
Plus: Interest Earned/Reimbursements (if applicable): _____	\$ 782,916.72
Less: Project Expenditures During This Period: _____	(\$ 3,708,953.74)
Quarter Balance Ending (<u>06/30/2024</u>): _____	\$ 775,046.46

Project Summary:(List updates regarding the project status or information regarding bank transfers or errors):

Project is under construction.

Project Expenditures

Bank fees should be listed but must be reimbursed by the next quarter

Date	Invoice Description	Amount
04/15/2024	Hemphill Construction	\$ 2,093,000.04
04/15/24	Hemphill Construction	\$ 520,378.25
05/20/24	Hemphill Construction	\$ 1,031,980.23
4/2/24	Waggoner Engineering, Inc.	\$ 63,595.22
Total		\$ 3,708,953.74

******Please submit the notarized report, three (3) bank statements, and invoices to the email provided in the notice.******

I, the undersigned authority, do hereby swear and affirm that all information provided above is complete and accurate to the best of my knowledge. I further swear and affirm that all state bond proceeds reported on herein were used in accordance with the legislation that authorized such bonds.

Please note that under no circumstance should the person executing the report also notarize the signature.

COMPLETED BY:

Gerald Steen

Name

Signature

Madison County Board President

Title

Date

Sworn to and subscribed before me this _____ day of _____

State of Mississippi

County of: _____

Notary Public _____

My Commission Expires _____

Notary
Public
Seal

General Ledger Account Detail
 04/ 1/2024 thru 06/31/2024

Account	Objective Name	Clm/Rct#	Transaction	Date	Debit Amount	Credit Amount	Balance
329-363-953	CONSTRUCTION PROJECTS						0.00
329-720-804	BOND ISSUE COSTS						0.00