Trial Judge Handbook

RENT ALLOWANCE

Section 4

TOPIC	RENT ALLOWANCE	SUB-SECTION	04.10.00
SECTION	GENERAL INFO	ISSUANCE DATE	10/31/2018
SUB-SECTION		REVISION NUMBER REVISION DATE	002 07/01/2023

According to Miss. Code Ann. § 9-1-36 (8) (Rev. 2023), any circuit judge or chancellor who does not have a primary office space provided by the county shall be allowed an additional \$7,000 each fiscal year (July-June) to defray the actual expenses incurred by the judge or chancellor in maintaining an office.

Qualification Process

- Your county must provide documentation that no office space is available to you.
- A lease agreement or property appraisal for the rental space is required.
- The above documents must be forwarded to the Finance Office for review and approval **before** any reimbursements will be processed.

Finance Office
Supreme Court of Mississippi
Post Office Box 117
Jackson, MS 39205-0117

Reimbursement Requirements

To receive reimbursement, the following should be submitted with the Rent Allowance form:

- A copy of lease agreement/property appraisal or bill
- A copy of your check and/or receipt from the landlord

Other Allowable Expenses

Utilities and office phone charges incurred in your rental space may be submitted for reimbursement on the rent allowance account. You would need to provide the billing and proof of payment for these charges as well.

TOPIC	RENT ALLOWANCE	SECTION	04.20.00
SECTION	REIMBURSEMENT FORM	ISSUANCE DATE	10/31/2018
SUB-SECTION		REVISION NUMBER REVISION DATE	001 07/01/2023

FY 2024			DOCUMENT #:	DOCUMENT#:	
	Trial Judge Rent Allowance Rei	nbursement Reau	est Form		
	July 01, 2023 - Ju	-			
			AOC USE ONLY		
			Approved for		
			Payment by: Date:		
			Daile.		
	lge John Doe		FINANCE	USE ONLY	
	t Office Box 12345		Request #:		
Jac	kson, MS 39999		Account:		
				EXXXXXXXX	
				2205300000	
RE	NT ALLOWANCE BALANCE BEFORE REQUEST:	\$ 7,000.00	Cost Center:		
	•		Object Code:	62125000	
			-	U10516210014	
Date of	Description	Amount Requested	Material Code 14	Approved Amoun	
Expense			Material Code 14	Approved Amoun	
	Rent				
	Telephone				
	Utilities				
	Janitorial				
	Other				
	TOTAL REIMBURSEMENT REQUESTED		Total Approved Amount		
	_		Balance After		
hereby cert	ify that I DO NOT have a primary office prov	ided by the county	Request		
nd in accor	dance with MS Code Ann. § 9-1-36 (3), I am er	titled to an			
	AL rent allowance to defray my actual expense		Reviewed by:		
namtaming	an office. I have also attached to this certificat documentation including proof of payment in	non torm support of this claim			
for office maintenance reimbursement.		Date:			
Signature:			PAYMENT INFO		
Date:			Check #:		
			Date Mailed:		
Mail to:	Supreme Court Finance Office		By:		
	P O Box 117				
	Jackson Ms 39205				