

**PROSECUTOR OFFICE APPORTIONMENT RECONCILIATION FORM**

SUPPORTING DOCUMENTATION		
FISCAL YEAR	DISTRICT	GRAND TOTAL OF AMOUNT REQUESTED

EMPLOYEE NAME	POSITION TITLE	AMOUNT FOR DATES COVERED
<b>TOTAL</b>		

I, \_\_\_\_\_, hereby certify that I am the *(Complete appropriate blank.)*  
PRINT NAME

District Attorney of the \_\_\_\_\_ Judicial District or the  
 County Attorney of \_\_\_\_\_ County or the  
 Criminal District Attorney of \_\_\_\_\_ County

I further certify that the account is true and correct.

sign here
Date

Person to contact regarding information on this form	Contact phone number	Contact e-mail address
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(seal)

Subscribed and sworn to before me on \_\_\_\_\_  
DATE

sign here \_\_\_\_\_  
NOTARY SIGNATURE

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you.  
 Contact us at (800) 531-5441, ext. 6-5985.

STATE OF TEXAS  
 COMPTROLLER JUDICIARY SECTION

**PROSECUTOR OFFICE APPORTIONMENT RECONCILIATION FORM**

SUPPORTING DOCUMENTATION	
FISCAL YEAR	DISTRICT

OFFICE EXPENSES	AMOUNT
<b>TOTAL</b>	

EMPLOYEE TRAVEL AND EXPENSES	AMOUNT
<b>TOTAL</b>	