

**MISSISSIPPI TRS STATEMENT OF REVENUES**

---

( COMPANY )

\_\_\_\_\_ Billing, collected in \_\_\_\_\_ : Remitted \_\_\_\_\_  
( month ) ( month ) ( date )

\_\_\_\_\_ Access lines x .10 cents (rate) = \$ \_\_\_\_\_

Less expenses (itemized copy attached) \$ \_\_\_\_\_

Check issued in the amount of: \$ \_\_\_\_\_

Check No. # \_\_\_\_\_

Person responsible for completion of this form:

Name: \_\_\_\_\_

Tel. No. \_\_\_\_\_

Mail this form to: Randy Tew  
Mississippi Public Utilities Staff  
P.O. Box 1174  
Jackson, Mississippi 39215-1174

Mail Check directly to: Regions Bank  
Attn: Endowments & Foundations  
Dual Party Relay Trust Fund  
1900 Fifth Avenue North, 25<sup>th</sup> Floor  
Birmingham, AL 35203

Attn: Ms. Cara Gober