

MISSISSIPPI TRS STATEMENT OF REVENUES

(COMPANY)

_____ Billing, collected in _____ : Remitted _____
(month) (month) (date)

_____ Access lines x .25 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: Timothy Jones
Mississippi Public Utilities Staff
P.O. Box 1174
Jackson, Mississippi 39215-1174

Mail Check directly to: Regions Bank
Attn: Donald Weatherspoon, AVP
1900 5th Avenue North 26th Floor
Birmingham, AL 35203