OHIO DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES (OhioMHAS)

PROBATE COURT SUBSIDY REIMBURSEMENT INVOICE

(Section 5122.43 Ohio Revised Code)

ATTACHMENT E

SUMMARY SHEET

COUNTY OF: _____

CASES HEARD IN THE MONTH OF: _____ **FISCAL YEAR:** _____

CASE NUMBER	TOTAL AMOUNT
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
TOTAL	**$**

CERTIFICATION

I, _____, County Auditor for _____ County, Ohio, state that the foregoing list of cost bills attached, prepared in accordance with Section 5122.43, Ohio Revised Code, is legal and correct.

Revised 10/11/2013