

**OPIOID SETTLEMENT FUND
2024 FISCAL YEAR FINANCIAL REPORT**

NOTE: PLEASE FIRST REVIEW THE ANNUAL REPORT'S [INSTRUCTION SHEET](#), DOWNLOAD AND SAVE THE FORM, THEN COMPLETE THIS FORM USING EITHER [ADOBE ACROBAT PRO](#) OR [READER](#)

NAME OF ENTITY: _____

NAME & TITLE OF PERSON FILLING OUT REPORT: _____

EMAIL: _____

PHONE NUMBER: _____

Should all future opioid-related correspondence go to you? Yes ☐ No ☐

NAME & TITLE: _____

EMAIL: _____

INFORMATION ABOUT PAYMENTS THE SUBDIVISION RECEIVED *(All information required)*

Funds balance at end of FY 2023 (July 1, 2022-June 30, 2023):	\$
Settlement funds received in FY 2024 (July 1, 2023-June 30, 2024):	\$
Settlement funds expended in FY 2024 (July 1, 2023-June 30 2024):	\$
Settlement funds balance at end of FY 2024 (June 30, 2024):	\$

DETAILS ABOUT FUNDS RECEIVED DURING THE FISCAL YEAR *(All information required)*

Payment Date	Payment Amount	Source of Payment
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Total Amount Received: \$ _____

INFORMATION ABOUT FUNDS EXPENDED ON APPROVED USES ([EXHIBIT A](#)) *(All information required) (Please attach additional pages if needed)*

Approved Use Section	Approved Use Subsection	Payment Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total Amount Expended: \$ _____

I uploaded copies of the subdivision's budget sections or resolution(s) that support the subdivision's disbursements. Yes ☐ No ☐

Add Attachments, *one at a time*:

ADD ATTACHMENT

If "No," explain why the required documents are not attached:

I uploaded copies of other supporting records that the subdivision wants the Attorney General's Office and public to review. Yes ☐ No ☐

Add Attachments, *one at a time*:

ADD ATTACHMENT

PUBLIC RECORDS ACT NOTICE

This report and all uploaded documents are public records and will be published on the Attorney General's website at ag.idaho.gov. The Attorney General also will provide a copy of the report and all uploaded documents to the opioid settlement administrator and anyone who submits a public record request.

ACKNOWLEDGEMENTS

By typing my name below, I warrant that: (a) all information provided in this report is true and correct, (b) all opioid settlement funds expended by the subdivision were expended on approved uses as provided in [Exhibit A](#), and (c) I have the necessary authority to sign and submit this report on behalf of the subdivision.

SIGNATURE - *type name here*: _____

DATE: _____

SUBMIT

REVENUE ACTIVITY DETAIL

FROM 07/01/2023 TO 09/30/2023 FUND 0062

FUND 0062 OPIOID SETTLEMENT-00 OPIOID SETTLEMENT

* Revenue for accounts classified as Property Tax /Assessment reflects the tax charge amounts.

-----AUDITORS CERTIFICATE -----					
Account #	Account Description	Code	Number	Date	Amount
0086-0000	PAYMENTS	A/C	2023-0002646	08/03/2023	15,508.74
				0086-0000 Subtotal:	15,508.74
				0086 Subtotal:	15,508.74
				15,508.74	Dept Total: 15,508.74
				15,508.74	Fund Total: 15,508.74
				15,508.74	Grand Total: 15,508.74
*****END OF REPORT*****					

REVENUE ACTIVITY DETAIL

FROM 10/01/2023 TO 06/30/2024 FUND 0062

FUND 0062 OPIOID SETTLEMENT-00 OPIOID SETTLEMENT

* Revenue for accounts classified as Property Tax /Assessment reflects the tax charge amounts.

-----AUDITORS CERTIFICATE -----					
Account #	Account Description	Code	Number	Date	Amount
0086-0000	PAYMENTS	A/C	2024-0000380	11/17/2023	3,486.02
0086-0000	PAYMENTS	A/C	2024-0001290	02/29/2024	17,763.86
0086-0000	PAYMENTS	A/C	2024-0001290	02/29/2024	7,145.97
0086-0000	PAYMENTS	A/C	2024-0001290	02/29/2024	6,137.70
0086-0000	PAYMENTS	A/C	2024-0001290	02/29/2024	5,307.84
0086-0000	PAYMENTS	A/C	2024-0001290	02/29/2024	4,796.98
0086-0000	PAYMENTS	A/C	2024-0001290	02/29/2024	4,716.82
0086-0000	PAYMENTS	A/C	2024-0001419	03/27/2024	8,543.88
0086-0000	PAYMENTS	A/C	2024-0001621	04/24/2024	28,983.15
0086-0000 Subtotal:					86,882.22
0086 Subtotal:					86,882.22
86,882.22					Dept Total: 86,882.22
86,882.22					Fund Total: 86,882.22
86,882.22					Grand Total: 86,882.22
*****END OF REPORT*****					

EXPENDITURE ACTIVITY DETAIL

FISCAL YEAR 2024 FROM 10/01/2023 TO 06/30/2024 FUND 0062

FUND 0062 OPIOID SETTLEMENT
-00 OPIOID SETTLEMENT

				----- P A Y M E N T -----		
Acct No.	Acct Description / Vendor Name	Payment For	Invoice No.	Warrant No.	Date	Amount
0558-0000	PROJECTS					
	ROCKY MOUNTAIN POWER	FUNDS TO COVER POWER WHILE IN	75686965-002-05	2024-0000169	10/24/2023	156.78
	MAVERIK COUNTRY STORE	GAS CARDS FOR OPIOID TREATMENT	TREATMENT GAS CARDS	2024-0000566	11/27/2023	500.00
		* Warrant # 2024-566 VOIDED			11/27/2023	(500.00)
	ZIONS BANK	GAS VOUCHERS	8442 TADKINS	2024-0000943	01/03/2024	500.00
	GENOTOX LABORATORIES	50 NON DNA TESTS	36313	2024-0001710	03/05/2024	2,250.00
	GENOTOX LABORATORIES	50 DNA TESTS	36313	2024-0001710	03/05/2024	3,250.00
						6,156.78 *
				Acct Total:		6,156.78 **
	Total 'B' Expenses -- (Other Expenses):		6,156.78			
	DEPARTMENT TOTALS :			Dept Total:		6,156.78
	Total 'A' Expenses -- Salaries:					
	Total 'D' Expenses -- Benefits:					
	Total 'B' Expenses -- Expenses:	6,156.78				
	Total 'C' Expenses -- Capital Outlay:					
		6,156.78				
	FUND TOTALS:			Fund Total:		6,156.78
	Total 'A' Expenses -- Salaries:					
	Total 'D' Expenses -- Benefits:					
	Total 'B' Expenses -- Expenses:	6,156.78				
	Total 'C' Expenses -- Capital Outlay:					
		6,156.78				
	GRAND TOTALS:			Grand Total:		6,156.78
	Total 'A' Expenses -- Salaries:					
	Total 'D' Expenses -- Benefits:					
	Total 'B' Expenses -- Expenses:	6,156.78				
	Total 'C' Expenses -- Capital Outlay:					
		6,156.78				

*****END OF REPORT*****