

**SUPREME COURT OF MISSISSIPPI**

Administrative Office of Courts

**Drug Court Fiscal Reporting Form**

Drug Court: \_\_\_\_\_ Lead County: \_\_\_\_\_

Expenses for the month of \_\_\_\_\_ year \_\_\_\_\_

Budget Category	State Fund Expenditures (AOC Reimbursable)	Local Expenditures (Non-Reimbursable)	Name of Grant or Other Funding Source	Grant or Other Funding Source Expenditures (Non-Reimbursable)	Total Monthly Expenditures
Salaries					
Fringe					
Treatment					
Testing/Lab Expenses					
Office Expense					
Other Services					
Equipment					
Travel/Training					
Miscellaneous					
<b>Total</b>					
<b>Fiscal Year to Date</b>	<b>Cumulative State Funds</b>	<b>Cumulative Local Funds</b>		<b>Cumulative Grant Funds</b>	<b>Cumulative Total</b>

I hereby certify this report to be true and correct to the best of my knowledge and that we have maintained supporting documentation of the same. I understand that reported expenditures are subject to review by the Administrative Office of Courts or its designated employees as well as federal, state, county, municipal, or independent auditors as authorized. I also understand that I am required to limit spending to the budget amounts approved by the Administrative Office of Courts.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

The Administrative Office of Courts must receive this form with a signature by the 20<sup>th</sup> day of every month. Send report to: [roswalt@courts.ms.gov](mailto:roswalt@courts.ms.gov) or by mail to: P.O. Box 117, Jackson, MS 39205-0117

AOC Use Only:

Approval for Payment

Document #: \_\_\_\_\_

Vendor#: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Fund#: 2206000000

Cost Center: 1051023071

Commitment Item: 67485000

Reviewed and Certified: \_\_\_\_\_