

DOCUMENT# _____

FUND#: 2205500000

COST CENTER: 1051023025

COMMITMENT ITEM: 67485000

INVOICE # _____ -11YOUTH

EFT/CHECK _____

DATE _____

**YOUTH COURT FISCAL REPORTING FORM
SUPREME COURT OF MISSISSIPPI
Administrative Office of Courts**

CLAIBORNE COUNTY

VENDOR #: 3100020053

EXPENSES INCURRED FOR MONTH OF: _____ **YEAR:** _____

| Budget Line Items | Annual Fund Allocation | Previous Allocation Balance | Current Month's Expenditures | Allocation Balance to Date |
|----------------------|------------------------|-----------------------------|------------------------------|----------------------------|
| Salaries | | | | |
| Fringe Benefits | | | | |
| Travel | | | | |
| Commodities | | | | |
| Contractual Services | | | | |
| Equipment* | | | | |
| Total | | | | |

*Equipment purchases exceeding \$1000 must be approved by AOC and accompanied by three detailed quotes.

I hereby certify this report to be true and correct to the best of my knowledge, that we have not used Mississippi Youth Court Support Funds on any disallowed expenditure, and we have maintained supporting documentation of the same.

(Authorized Signature)

Date

(Printed Name and Title)

Prepared by:

Email Address

Date

**DOCUMENTATION FOR ALL EXPENDITURES MUST ACCOMPANY THIS FORM.
The Administrative Office of Courts must receive this form with an original signature by the 10th day of every month.**

Send to: Youth Court, Administrative Office of Courts: youthcourts@courts.ms.gov

Faxed or mailed copies will not be accepted.

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|---|
| <i>AOC USE ONLY</i> APPROVAL FOR PAYMENT By: _____ Date: _____ |
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