	<u>FINANCE USE O</u>	NLY:					
DOCUMENT#			INVOICE #	25YOUTH			
FUND#: 2205500000			FFT/CUFOV				
COST CENTER: 1051023025  COMMITMENT ITEM: 67485000							
COMMITMENT TIEM. 07403000			DATE				
YOUTH COURT FISCAL REPORTING FORM SUPREME COURT OF MISSISSIPPI Administrative Office of Courts							
HINDS COUNTY							
VENDOR #: 3100024137							
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.

AOC USE ONLY APPROVAL FOR PAYMENT					
Ву:	Date:				

## **SUPPORTING DOCUMENTS**

CATEGORY	ITEM	AMOUNT	VENDOR