

DOCUMENT# _____
 FUND#: 2205500000
 COST CENTER: 1051023025
 COMMITMENT ITEM: 67485000

INVOICE # _____-47YOUTH
 EFT/CHECK _____
 DATE _____

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

MARSHALL COUNTY

VENDOR #: 3100024610

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.

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