Finance Use Only: DOCUMENT # INV		DICE #20FELONYDCT		Fund #: 2206000000 Cost Center: 1051023071 Commitment Item: 67485000		3071	EFT Date By	
Supreme Court Administrative Offi		ict Drug Court Lea	d County: <u>M</u>	<u>ladison</u>		Vendor: 310	nty Board of Supervisors	
Expenses for the m	onth of	year	□ Amen	Amended - Date				
Budget Category Salaries & Fringe	State Fund Expenditures (AOC Reimbursable)	Local Expenditures (Non-Reimbursable)	Name of Gra Other Funding		Grant or Other Funding Source Expenditures (Non-Reimbursable)			
Treatment								
Testing/Lab Expenses								
Travel/Training								
Commodities								
Contractual Services								
Equipment								
Total								
Fiscal Year to Date (July 1 – June 30)	Cumulative State Funds	Cumulative Local Funds			Cumulative Grant/Other Funds		ds Cumulative Total	
reported expenditures	port to be true and correct to are subject to review by the as authorized. I also understa	Administrative Office of Cou	urts (AOC) or its de	esignated e	mployees as v	well as federal, s		
Authorized Signature:			Title:			Date:		
							ubmitted by email, you will receive a <b>\$ 39205.</b> Questions? 601.359.6567	
	<u> A00</u>	CUSE ONLY: Approved for	Payment:			Da	ate:	
		Reviewed & C	Certified:			Da	ate:	