

Finance Use Only:

DOCUMENT # \_\_\_\_\_ INVOICE # \_\_\_\_\_ -HARRISONYTHDCT

Fund #: 2206000000  
Cost Center: 1051023071  
Commitment Item: 67485000

EFT \_\_\_\_\_  
Date \_\_\_\_\_  
By \_\_\_\_\_

**Drug Court Fiscal Reporting Form**  
**Supreme Court of Mississippi**  
Administrative Office of Courts

**Remittance Address:**  
Vendor: 3100023380  
Harrison Co Board of Supervisors, Attn: Bookkeeping  
P.O. Drawer CC  
Gulfport, MS 39502

**Drug Court:** Harrison County Youth Drug Court

Expenses for the month of \_\_\_\_\_ year \_\_\_\_\_  Amended - Date \_\_\_\_\_

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					
Travel/Training					
Commodities					
Contractual Services					
Equipment					
<b>Total</b>					
<b>Fiscal Year to Date (July 1 – June 30)</b>	<b>Cumulative State Funds</b>	<b>Cumulative Local Funds</b>		<b>Cumulative Grant/Other 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 attached supporting documentation of the same. I understand that reported expenditures are subject to review by the Administrative Office of Courts (AOC) 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 AOC.

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

AOC must receive this form with a signature by the 20<sup>th</sup> day of every month. Please return your fiscal report & supporting documents by either email or mail, not both. If submitted by email, you will receive a confirmation from AOC. To send by email: [roswalt@courts.ms.gov](mailto:roswalt@courts.ms.gov). To send by mail: **Administrative Office of Courts, Attention: Rani Oswald, P.O. Box 117, Jackson, MS 39205.** Questions? 601.359.6567

AOC USE ONLY: Approved for Payment: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed & Certified: \_\_\_\_\_ Date: \_\_\_\_\_