

Finance Use Only:

DOCUMENT # _____ INVOICE # _____ -HARRISONFAMDCT

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 County Board of Supervisors
P.O. Drawer CC
Gulfport, MS 39502

Drug Court: Harrison County Family 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					
Total					
Fiscal Year to Date (July 1 – June 30)	Cumulative State Funds	Cumulative Local Funds		Cumulative Grant/Other Funds	Cumulative Total

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 20th 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. 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: _____