

DOCUMENT # _____
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INVOICE # _____
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SUPREME COURT OF MISSISSIPPI
Administrative Office of Courts
DRUG COURT FISCAL REPORT

DRUG COURT: _____

(please include County name)

Expenses incurred during the month of : _____

BUDGET CATEGORY	AOC EXPENDITURES (Reimbursable)	LOCAL FUND EXPENDITURES (Non-Reimbursable)
Administrative / Personnel		
Fringe Benefits		
Treatment		
Testing / Lab Expenses		
Office Expenses		
Other Services		
Equipment (<i>attach invoice</i>)		
Travel/Training		
Miscellaneous		
Total		

\$ _____ **Total AOC Budget Expenditures Year to Date (As of July 1st - Present)**

I hereby certify this report to be true and correct to the best of my knowledge, that we have not used Mississippi Public Court Funds or Local Drug Court Funds on any disallowed expenditure, and we have maintained supporting documentation of the same.

(Authorized Signature)

(Please Type or Print Name) Title: _____ Date: _____

The Administrative Office of Courts must receive this form with an original signature by the 10th of every month.

Send to: Joey Craft, Administrative Office of Courts, P.O. Box 117, Jackson, MS 39205-0117

Phone (601) 576-4631 Fax (601) 576-4639 Email: jcraft@courts.ms.gov

AOC USE ONLY:
APPROVAL FOR PAYMENT

By: _____ Date: _____

Vendor# _____

Fund 2206000000

Cost Center 1051023071

Commitment Item 67485000