Finance Use Only:		
DOCUMENT #	INVOICE #	-6FELONYMHTC

CONTROL OF THE CONTRO	SUPREME COURT OF MISSISSIPPI Administrative Office of Courts Intervention MHTC Fiscal Reporting Form
CONTRACTOR OF THE PARTY OF THE	Administrative Office of Courts Intervention

Fund: 220600000				
CC: 1051023072				

Warra	nt		
Date			
` D _			_

Commitment Item: 67485000 By\_\_\_\_\_

7000002492	Report Amended	Date	
Adams Co Mental Health Court	neport intenticu		

## **6TH CIRCUIT MHTC Lead County: ADAMS** EXPENSES FOR THE MONTH\_\_\_\_\_YEAR\_\_\_\_

7000002492

Remittance Address Vendor

115 South Wall Street Natchez, MS 39120

Category	AOC State Reimbursable Expenses	Local Fund	Local Government Contribution	Grant Expenses	Grant Expenses	Other Source	Other Source	Private Foundation / Donation	TOTAL MONTHLY EXPENSES	
	•	Expenses	Expenses	(name)	(name)	(name)	(name)	Expenses		
Salaries & Fringe										
Treatment Expenses										
Testing & Lab Expenses										
Travel & Training										
Commodities										
Contractual Services										
Equipment										
TOTAL										
Fiscal Year to Date (July 1 <sup>st</sup> – June 30 <sup>th</sup> )	Cumulative AOC State Expenses	Cumulative Local Fund Expenses	Cumulative Local Gov't Cont. Expenses	Cumulative Grant Expenses	Cumulative Grant Expenses	Cumulative Other Expenses	Cumulative Other Expenses	Cumulative Private/Donation Expenses	Cumulative Monthly Expenses	
The balance remaining i	n " <b>local fund</b> " on the	last day of the mon	th							
	NEW- Dollar amount collected by the circuit clerk in court costs during the month					I hereby certify this report to be true and correct to the best of my knowledge. Listed expenditures are in compliance with the Miss				
Dollar amount collected	Dollar amount collected by the circuit clerk in <b>court fines</b> during the month					MHTC Rules.				
Dollar amount collected	for MHTC participar	nt fees during the m	onth							
nthorized Signature MHTC C	oordinator or Fiscal Repo	ort Preparer		Printed Name		Title		Date		
thorized Signature MHTC Ju	ıdge			Printed Name		Title		Date		
OC USE ONLY: Approved for	rPayment		<u>Date</u>		Reviewed & Cert	ified		Date		

AOC must receive this form with signatures by the 20th of the month. Please email your fiscal report & supporting documents to: interventioncourts@courts.ms.gov For Questions call 601-359-6567