



**SUPREME COURT OF MISSISSIPPI**  
**Administrative Office of Courts Intervention**  
**MHTC Fiscal Reporting Form**

**Remittance Address** Vendor  
 Vendor 3100024137  
 Hinds Co Board of Supervisors  
 P.O. Box 686  
 Jackson, MS 39205-0686

**Report Amended** \_\_\_\_\_ **Date** \_\_\_\_\_

**7TH CIRCUIT MHTC**

**Lead County: HINDS**

**EXPENSES FOR THE MONTH** \_\_\_\_\_ **YEAR** \_\_\_\_\_

Category	AOC State Reimbursable Expenses	Local Fund Expenses	Local Government Contribution Expenses	Grant Expenses <i>(name)</i>	Grant Expenses <i>(name)</i>	Other Source <i>(name)</i>	Other Source <i>(name)</i>	Private Foundation / Donation Expenses	TOTAL MONTHLY EXPENSES
Salaries & Fringe									
Treatment Expenses									
Testing & Lab Expenses									
Travel & Training									
Commodities									
Contractual Services									
Equipment									
<b>TOTAL</b>									
<b>Fiscal Year to Date (July 1<sup>st</sup> – June 30<sup>th</sup>)</b>	<b>Cumulative AOC State Expenses</b>	<b>Cumulative Local Fund Expenses</b>	<b>Cumulative Local Gov't Cont. Expenses</b>	<b>Cumulative Grant Expenses</b>	<b>Cumulative Grant Expenses</b>	<b>Cumulative Other Expenses</b>	<b>Cumulative Other Expenses</b>	<b>Cumulative Private/Donation Expenses</b>	<b>Cumulative Monthly Expenses</b>

The balance remaining in "local fund" on the last day of the month
<b>NEW</b> Dollar amount collected by the circuit clerk in <b>court costs</b> during the month
Dollar amount collected by the circuit clerk in <b>court fines</b> during the month
Dollar amount collected for MHTC <b>participant fees</b> 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 Mississippi MHTC Rules.

\_\_\_\_\_  
 Authorized Signature MHTC Coordinator or Fiscal Report Preparer

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorized Signature MHTC Judge

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

AOC USE ONLY: Approved for Payment \_\_\_\_\_ Date \_\_\_\_\_ Reviewed & Certified \_\_\_\_\_ Date \_\_\_\_\_