Finance	Use	Only
DOCU	JME	NT # _

_____ INVOICE # _____-HARRISONYTHDCT

Fund: 220600000 Warrant CC: 1051023071 Date Commitment Item: 67485000 By

SUPREME COURT OF MISSISSIPPI **Administrative Office of Courts**

Intervention Court Fiscal Reporting Form

Remittance Address
Vendor 3100023380
Harrison Co Board of Supervisors

P.O. Drawer CC Gulfport MS 39502

Report Amended _____ Date____

DRUG COURT: HARRISON COUNTY YOUTH INTERVENTION COURT

Lead County:

Bookkeeping

EXPENSES FOR THE MONTH YEAR

Category	AOC State Reimbursable Expenses	Local Intervention Court Fund Expenses	Local Government Contribution Expenses	Grant Expenses (name)	Grant Expenses (name)	Other Source (name)	Other Source (name)	Private Foundation / Donation Expenses	TOTAL MONTHLY EXPENSES
Salaries & Fringe									
Treatment Expenses									
Testing & Lab Expenses									
Travel & Training									
Commodities									
Contractual Services									
Equipment									
TOTAL									
Fiscal Year to Date (July 1 st – June 30 th)	Cumulative AOC State Expenses	Cumulative Local Intervention Court 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

Balance remaining in "local intervention court fund" on the last day of the month \$ Dollar amount collected from intervention court participant fines \$ Dollar amount collected from intervention court participant fees \$

I hereby certify this report to be true and correct to the best of my knowledge. Listed expenditures are in compliance with the Mississippi Intervention Court Rules.

Authorized Signature of Fiscal Report Preparer	Printed Name	Title	Date		
Signature of Intervention Court Judge / Referee		Printed Name of Judge / Referee			
AOC must receive this form with signatures by the 20th day of every month. Please emo	ail your fiscal report & supporting documents	s to: interventioncourts@courts.ms.gov Ques	tions call 601-359-6567		
AOC USE ONLY: Approved for Payment	Date	Reviewed & Certified	Date		