Finance Use Only		
DOCUMENT #	INVOICE #	-PIKEYTHDCT

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

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

Intervention Court Fiscal Reporting Form

R	ł	emitt	ance	A	ddr	ess
	-			-		

Vendor 7000003721 Pike Co Youth Intervention Court P.O. Box 431 Magnolia, MS 39652-0431

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

DRUG COURT: PIKE COUNTY YOUTH INTERVENTION COURT

Lead County:

EXPENSES FOR THE MONTH YEAR

	AOC State Reimbursable Expenses	Local Intervention Court Fund	Local Government Contribution	Grant Expenses	Grant Expenses	Other Source	Other Source	Private Foundation / Donation	TOTAL MONTHLY EXPENSES
Category	_	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 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	Date
AOC must receive this form with signatures by the 20th day of every month. Please emo	ail your fiscal report & supporting docum	ents to: interventioncourts@courts.ms.gov Questions o	call 601-359-6567
AOC USE ONLY: Approved for Payment	Date	Reviewed & Certified	Date