FINANCE USE ONLY:

DOCUMENT#_____ INVOICE # _____-11YOUTH

FUND#: 2205500000

COST CENTER: 1051023025 EFT/CHECK_____

COMMITMENT ITEM: 67485000 DATE_____

YOUTH COURT FISCAL REPORTING FORM
SUPREME COURT OF MISSISSIPPI
Administrative Office of Courts

CLAIBORNE COUNTY

VENDOR #: 3100020053

EXPENSES INCURRED FOR MONTH OF: _____ YEAR: _____

Budget Line Items	Annual Fund Allocation	Previous Allocation Balance	Current Month's Expenditures	Allocation Balance to Date
Salaries				
Fringe Benefits				
Travel				
Commodities				
Contractual Services				
Equipment*				
Total				

***Equipment purchases exceeding $1000 must be approved by AOC and accompanied by three detailed quotes.**

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

_____ _____ _____

(Authorized Signature) Date (Printed Name and Title)

_____ _____ _____

Prepared by: Email Address Date

DOCUMENTATION FOR ALL EXPENDITURES MUST ACCOMPANY THIS FORM.
The Administrative Office of Courts must receive this form with an original signature by the 10th day of every month.

Send to: Youth Court, Administrative Office of Courts: youthcourts@courts.ms.gov

Faxed or mailed copies will not be accepted.

AOC USE ONLY
APPROVAL FOR PAYMENT

By: _____ Date: _____

SUPPORTING DOCUMENTS

CATEGORY	ITEM	AMOUNT	VENDOR