

DOCUMENT# \_\_\_\_\_

INVOICE # \_\_\_\_\_ -48YOUTH

FUND#: 2205500000

COST CENTER: 1051023025

EFT/CHECK \_\_\_\_\_

COMMITMENT ITEM: 67485000

DATE \_\_\_\_\_

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

**MONROE COUNTY**

VENDOR #: 3100026234

**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                |                        |                             |                              |                            |

\*\*Attach itemized list of equipment purchased over \$1,000 w/copy of receipt

**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)

\_\_\_\_\_  
 (Please Type or Print Name)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 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, P.O. Box 117, Jackson, MS 39205-0117  
 Phone (601) 576-4627 Fax (601) 576-4639 Email: youthcourts@courts.ms.gov

**AOC USE ONLY**  
**APPROVAL FOR PAYMENT**

By: \_\_\_\_\_ Date: \_\_\_\_\_