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Balance	Current Month's Expenditures	Allocation Balance to Date

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					
E	By:	Date:			

SUPPORTING DOCUMENTS

CATEGORY	ITEM	AMOUNT	VENDOR