

FINANCE USE ONLY:

DOCUMENT# \_\_\_\_\_  
FUND#: 2205500000  
COST CENTER: 1051023025  
COMMITMENT ITEM: 67485000

INVOICE # \_\_\_\_\_-81YOUTH  
EFT/CHECK \_\_\_\_\_  
DATE \_\_\_\_\_

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

**YALOBUSHA COUNTY**

VENDOR #: 3100026684

**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](mailto:youthcourts@courts.ms.gov)

*Faxed or mailed copies will not be accepted.*

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

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

