



SUPREME COURT OF MISSISSIPPI
Administrative Office of Courts Intervention
MHTC Fiscal Reporting Form

Remittance Address Vendor
 7000002492
 Adams Co Mental Health Court
 115 South Wall Street
 Natchez, MS 39120

Report Amended _____ **Date** _____

6TH CIRCUIT MHTC

Lead County: ADAMS

EXPENSES FOR THE MONTH _____ **YEAR** _____

Category	AOC State Reimbursable Expenses	Local Fund Expenses	Local Government Contribution Expenses	Grant Expenses <i>(name)</i>	Grant Expenses <i>(name)</i>	Other Source <i>(name)</i>	Other Source <i>(name)</i>	Private Foundation / Donation Expenses	TOTAL MONTHLY EXPENSES
Salaries & Fringe									
Treatment Expenses									
Testing & Lab Expenses									
Travel & Training									
Commodities									
Contractual Services									
Equipment									
TOTAL									
Fiscal Year to Date (July 1st – June 30th)	Cumulative AOC State Expenses	Cumulative Local Fund 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

The balance remaining in "local fund" on the last day of the month
NEW Dollar amount collected by the circuit clerk in court costs during the month
Dollar amount collected by the circuit clerk in court fines during the month
Dollar amount collected for MHTC participant fees during the month

I hereby certify this report to be true and correct to the best of my knowledge. Listed expenditures are in compliance with the Mississippi MHTC Rules.

Authorized Signature MHTC Coordinator or Fiscal Report Preparer _____ Printed Name _____ Title _____ Date _____

Authorized Signature MHTC Judge _____ Printed Name _____ Title _____ Date _____

AOC USE ONLY: Approved for Payment _____ Date _____ Reviewed & Certified _____ Date _____