Finance Use Only	
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Fund: 220600000	Warrant
CC: 1051023071	Date
Commitment Item: 67485000	By

OF MISSING	
TROME COST	

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

## **Remittance Address**

Vendor 7002004523 Yazoo Co Board of Supervisors PO Box 1106 Yazoo City, MS 39194

Report Amended	Date	

			L	1 azoo City, Wi	3 37174				
DRUG COURT: YAZOO COUNTY YOUTH INTERVENTION COURT		<u>COURT</u>	Lead County:		EXPENSES FOR THE MONTH			YEAR	
	AOC State Reimbursable Expenses	Local Intervention Court Fund	Local Government Contribution	Grant Expenses	Grant Expenses	Other Source	Other Source	Private Foundation / Donation	TOTAL MONTHLY EXPENSES
Category		Expenses	Expenses	(name)	(name)	(name)	(name)	Expenses	
Salaries & Fringe									
Treatment Expenses									
Testing & Lab Expenses									
Travel & Training									
Commodities									
Contractual Services									
Equipment									
TOTAL									
Fiscal Year to Date (July 1 <sup>st</sup> – June 30 <sup>th</sup> )	Cumulative AOC State Expenses	Cumulative Local Intervention Court 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
Balance remaining in '					]				
Dollar amount collecte								the best of my know	
Dollar amount collecte	d from intervention c	ourt participant fees s	)		expenditures a	ire in compliance w	vith the Mississipp	i Intervention Cour	t Kules.
Authorized Signature of Fisc	cal Report Preparer			Printed Nar	me	Title	<u> </u>		Date
Signature of Intervention Court Judge / Referee				Printe	d Name of Judge / Re	feree		Date	

AOC must receive this form with signatures by the 20th day of every month. Please email your fiscal report & supporting documents to: interventioncourts@courts.ms.gov Questions call 601-359-6567

AOC USE ONLY: Approved for Payment \_\_\_\_\_\_\_ Date \_\_\_\_\_\_ Reviewed & Certified \_\_\_\_\_\_