

DOCUMENT# _____

INVOICE # _____ -13YOUTH

FUND#: 2205500000

COST CENTER: 1051023025

EFT/CHECK _____

COMMITMENT ITEM: 67485000

DATE _____

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

CLAY COUNTY

VENDOR #: 3100034203

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: _____