	<u>FINANCE USE OI</u>	<u>NLY:</u>						
DOCUMENT#			INVOICE #	62YOUTH				
FUND#: 2205500000								
COST CENTER: 1051023025			EFT/CHECK					
COMMITMENT ITEM: 67485000			DATE					
YOUTH COURT FISCAL REPORTING FORM SUPREME COURT OF MISSISSIPPI Administrative Office of Courts								
SCOTT COUNTY								
VENDOR #: 3100025243								
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)						

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.

Email Address

Prepared by:

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				
Ву:	Date:			

Date

SUPPORTING DOCUMENTS

CATEGORY	ITEM	AMOUNT	VENDOR