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

FINANCE USE ONLY:

INVOICE # \_\_\_\_\_-64YOUTH

**YEAR:**\_\_\_\_\_

EFT/CHECK\_\_\_\_\_

DATE\_\_\_\_\_

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

### SIMPSON COUNTY

#### VENDOR #: 3100024122

## EXPENSES INCURRED FOR MONTH OF: \_\_\_\_\_

**Previous Allocation Annual Fund** Allocation Balance **Current Month's Budget Line Items** Allocation Balance to Date Expenditures 15,000.00 Salaries Fringe Benefits Travel Commodities **Contractual Services** Equipment\* 15,000.00 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)		(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, A	dministrative Office of Courts:	youthcourts@courts.ms.gov				

Faxed or mailed copies will not be accepted.

AOC USE ONLY APPROVAL FOR PAYMENT					
Ву:	Date:				

# **SUPPORTING DOCUMENTS**

CATEGORY	ITEM	AMOUNT	VENDOR