**Indiana Office of Court Services**

# Court Alcohol and Drug Program Scholarship

## EXPENSE DOCUMENT FORM

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| --- |
| Complete the expense form and enclose/attach receipts for all approved expenses to receive reimbursement for your approved Court Alcohol and Drug Program Scholarship, Program Director signature is required. The Scholarship will pay 80% of the total expenses indicated below up to a total of $1,000 whichever is less. |

IOCS pays County Seat to County Seat

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_

Attach receipt for room charge

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_

(IOCS enters amount)

Odometer on return \_\_\_\_\_\_

Odometer on depart \_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_

(IOCS enters amount)

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_

Attach receipt for airline passenger ticket.

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_

Attach copy of program brochure listing tuition and other fees. (Not required if sent with original scholarship application.)

TOTAL

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_

Air Travel Expenses

Tuition Expense

Lodging Expense

Out-of-State Auto Travel Expenses

In-state Auto Travel Expenses

Scholarship number: \_\_\_\_\_\_

|  |  |
| --- | --- |
| Please provide full name of the Certified Court Alcohol and Drug Program receiving the scholarship:  Name of A&D Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| I have examined the preceding information and attached the required documentation. I certify that the reported expenses were actually incurred to attend the program approved by the Indiana Office of Court Services for a Court Alcohol and Drug Program Scholarship. | |
|  | Program Director signature Date |
|  | |
| Payment amount approval by IOCS Date\_\_\_\_\_\_\_\_\_\_\_ | IOCS signature |