**** Indiana Supreme Court

 Indiana Office of Court Services

 **2021 Court Reform Grant**

 **CASH REQUEST FORM/CLAIM VOUCHER**

1. Grantee Name and Address: Date:
2. Grant Number:
3. Date of Award:
4. Award Period:

1. Grant Award: $

1. Funds Received to Date Under Grant: $
2. **Amount of this Claim:** $
3. Net Grant Balance Available After this Disbursement: $

 [line 5 – (line 6 + line 7)]

*Certification:*

I certify the above to be accurate according to the Grantee’s Records.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(type or print name and title) Signature

**Invoice/receipt for goods or services must be attached to receive payment.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IOCS use only**

This request is approved for $\_\_\_\_\_\_\_\_\_\_\_ PO#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt # \_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_