



Indiana Supreme Court
Division of State Court Administration
**Court Reform Grant
CASH REQUEST FORM**

1. Grantee Name and Address:

Date:

2. Grant Number:

3. Total Cost of Project:

\$

4. Date of Award:

July 1, 2010

5. Project Period:

July 1, 2010 - June 30, 2011

6. Grant Award:

\$

7. Funds Received to Date under Grant #
(if applicable)

\$

8. **Amount of this Cash Request:**

\$

9. Net Grant Balance Available after this disbursement \$
[line 6 – (line 7 + line 8)]

Certification of Fiscal Officer:

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

Fiscal Officer's Signature

Project Manager's Signature

Fiscal Officer's Typed or Printed Name

Project Manager's Typed or Printed Name

STAD use only:

This Request is approved for \$ _____

Authorized Signature: _____

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