Indiana Supreme Court
Division of State Court Administration

Court Reform Grant
FINAL FINANCIAL REPORT

2010-2011

District/County_____ Project Term:_____

Grant Type:___ study ___ implementation

Project Manager: _____ Supervising Judge: _____

For grant period from 7/1/10 to 6/30/11	Grant Approved Budget	Expenditures This Quarter	Prior Quarter	Cumulative	Grant Funds Balance
Personnel Costs:					
Employee salaries and benefits					
Contracted personal services					
Total Personnel Costs					
Non-Personal Costs:					
Rent/Utilities					
Equipment					
Travel					
Postage					
Copying and printing					
Supplies					
Training					
Other expenses					
Total Non-Personnel Costs					
Total Budget					

I hereby certify that the above and foregoing is a true and accurate report of the expenditures form grant funds.

_____ _____ Approved_____

Project Manager Date Supervising Judge

Form TCM-CRG-6 Approved by Div. of State Court Administration May 2008