**Indiana Office of Court Services**

|  |
| --- |
| Court Alcohol and Drug Program |
|  |
| GRANT PROGRAM |
|  |
| EXPENSE DOCUMENTATION FORM |
| (To be submitted with receipts for reimbursement after grant has been completed.) |

### Item Date Expense Amount

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| Grant Application number \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Total Expense \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |
| --- | --- |
| I have examined the preceding information and attached documents. I certify that these expenses were actually incurred in support of the grant approved by the Indiana Office of Court Services for our Court Alcohol and Drug Program. | |
|  |  |
| A&D Program | Program Director Signature |
| The reimbursement payment will be issued to the County Auditor’s office or as per direct deposit instructions. | |
| The direct deposit will be made by the Auditor of the State of Indiana in accordance with the information provided on Vendor Information Form and W-9 Form.  IOCS  Amount Approved for Payment: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ IOCS Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |