**Indiana Office of Court Services**

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

###  Item Date Expense Amount

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

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| 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.  |
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| 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. IOCSAmount Approved for Payment: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ IOCS Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |