SPECIAL DISBURSING OFFICER REIMBURSEMENT VOUCHER

State Form 11649 (R2 / 1-08)
Approved by Auditor of State, 2008
Approved by State Board of Accounts, 2008

INSTRUCTIONS: Business Units will complete this form and send the first two (2) copies to the Department of Administration, Procurement Division, along with the originals of all supporting vendor invoices. Please use additional sheets of paper for vendors names and amounts if necessary.

Business Unit Name	Business Unit Number
Document Number	Local Purchase Number
Name of Special Disbursing Officer	*Date (Month,Day,Year)*
I certify that the attached claim of the vendors named hereon are just and legal charges against the State of Indiana; that the articles and services named thereon were contracted for in accordance with the authority granted in the above-numbered Authority for local Purchases; and that the said articles and services have been settled in full from the moneys advanced to me as a Special Disbursing Officer under said Authority For Local Purchases.	
Special Disbursing Officer Factor Number	Signature of Disbursing Officer

AMOUNT	FUND	ACCOUNT	BUDGET REFERENCE	PROGRAM	DEPARTMENT
			Gross Amount of this Voucher		

White (top) Copy and Pink Copy-Department of Administration,Procurement Division; Canary Copy - Business Unit's Files