



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, 2011

5. Project Period:

July 1, 2011 - June 30, 2012

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.

(Type or print name)

Signature

Project Manager

STAD use only:

This Request is approved for \$ _____

Authorized Signature:

Division of State Court Administration
30 S. Meridian St., Suite 500
Indianapolis, IN 46204
Phone: 317.232.2542