

INDIANA OFFICE OF JUDICIAL ADMINISTRATION
251 North Illinois Street, Suite 1600
INDIANAPOLIS, IN 46204

CLAIM FOR SERVICES AS SPECIAL JUDGE

Voucher No. _____

Name: _____

Address: _____

City and State: _____

Social Security No.: _____

or

Federal ID No.: _____

PRIVACY NOTICE: Your Social Security or Federal ID Number is requested as the Auditor of State must comply with Federal IRS requirements. (IC 4-1-8)

FOR IOJA USE

Fund: 10340

Agency: Supreme Court

Appropriation Name: Special Judge

Object Amount (Travel from reverse side)

\$ _____ Mileage

\$ _____ Reimbursable Expenses

Total \$ _____ (Paid for Travel)

Pre-audited by: _____

FOR IOJA USE

TOTAL FEES \$ _____

(from reverse side)

Pay Period Ending _____

IOJA CERTIFICATION

I certify this claim is correct, it is a proper charge against the agency and account number indicated and payment thereof is authorized.

Indiana Office of Judicial Administration

Date

CLAIMANT'S CERTIFICATION

I hereby certify that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. (IC 5-11- 10-1)

Claimant

Date

INSTRUCTIONS

1. List services in chronological order. Fill in number of claim (No.) and date of claim (Date).
2. All claims for covered period must be included.
3. Claims must be filed within ninety (90) days. Ind. Admin. R. 5(A)(3).
4. Attach original receipts when reimbursable expenses are claimed.
5. NOTE: Separate state warrants (checks) will be issued for fees and travel expenses.

