Indiana Office of Judicial Administration, Language Access Services

Court Interpreter Funds Claim Voucher – Award Period FY 2027

(7/1/2026 – 6/9/2027)

Invoice/receipt for court interpreter services provided must be attached to receive payment.

Recipient Information					
Date		Funds number			
County/ Court		Contact name			
Mailing address					
City		State		Zip code	
Phone number		Email address			

Funds Details **All claim vouchers with invoices must be submitted monthly to: supct.payables@courts.in.gov**	
1. Remaining amount total from previous years *(not including 7-1-26 to 6-9-27)*	
2. 2026-27 Funds award *(7-1-26 to 6-9-27 award amount only)*	
3. Total combined funds award ***(Line 1 + Line 2)***	$ 0.00
4. Total amount received since July 1, 2026	

Claim Voucher Details	
5. Amount paid for interpreting time	
6. Amount paid for mileage *(if any)*	
7. Amount paid for travel time *(if any)*	
8. Amount paid for cancellation *(if any)*	
9. Total amount of this claim ***(Line 5 + Line 6 + Line 7+ Line 8)***	$ 0.00
10. Net funds balance available after this disbursement: ***[Line 3 – (Line 4 + Line 9)]***	$ 0.00
I affirm that I am using an interpreter from the Indiana Supreme Court's approved Certified/Qualified Registry, or that no interpreter from the Registry is available.	◯ Yes ◯ No
I affirm that I did not receive any other funds to pay for interpreter service expenses that I am seeking reimbursement for from the Indiana Supreme Court.	◯ Yes ◯ No

Certification	
I certify the above to be accurate according to the Recipient's Records. *The indicator "/s/" followed by the person's name is an acceptable e-signature.*	
Typed or printed name and title	Signature

IOJA Use Only (Do not write below this line)	
Amount approved	
Funds number	
Invoice number	
PO#	
Receipt number	
Authorized signature	
Date	