

This section to be filled out by grantee

This section auto-populates

Contact with questions regarding the form, payment, etc.

Agency:					
Accounting@lg.IN.gov		Encompass Voucher #:		Invoice Date:	
		Business Unit #:		Invoice Amount:	\$ 0.00
Name of Grantee:				Vendor #:	
Grant Number:				SCM Award #:	
Grantee Address				EIN:	
Street:				PO Number:	
City/Town:				Receipt #:	
State:		IN	Zip Code:	Remit:	
				Program Name:	
				Grant Contact:	

These sections to be filled out by LG Business Office

This section to be filled out by grantee

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This section auto-populates

Date of Service	Budget Category	Approved Budget	Expense Amount	Total Expenses to Date	Balance
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
Total Amount:		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Federal Grants: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise.

State Grants: Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing Fund and Account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Signature of Grantee	Date

This section to be completed by grantee after printing the form.

Date form is prepared.

Agency:					
Accounting@lg.IN.gov		Encompass Voucher #:		Invoice Date:	7/19/18
		Business Unit #:		Invoice Amount:	\$ 95,000.00
Name of Grantee:		Vendor #:			
		SCM Award #:			
Grant Number:		EIN:			
		PO Number:			
Grantee Address				Receipt #:	
Street:				Remit:	
City/Town:				Program Name:	
State:	IN	Zip Code:		Grant Contact:	
Date of Service	Budget Category	Approved Budget	Expense Amount	Total Expenses to Date	Balance
7/10/18	Construction	\$ 300,000.00	\$ 50,000.00	\$ 100,000.00	\$ 200,000.00
7/15/18	Professional Services	\$ 52,000.00	\$ 32,000.00	\$ 52,000.00	\$ 0.00
7/6/18	Labor Standards	\$ 5,000.00	\$ 3,000.00	\$ 3,000.00	\$ 2,000.00
7/2/18	Environmental Review	\$ 3,000.00	\$ 0.00	\$ 3,000.00	\$ 0.00
7/18/18	Administration	\$ 40,000.00	\$ 10,000.00	\$ 10,000.00	\$ 30,000.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
Total Amount:		\$ 400,000.00	\$ 95,000.00	\$ 168,000.00	\$ 232,000.00

Date, or last date, that service/activity took place.

As reflected on executed grant agreement

Amount, per line item, being requested for payment.

Includes value(s) from Expense Amount column and any previous claim amounts. per line item.

Balance amount is difference of Approved Budget and Total Expenses to Date, per line item.

For pre-populated CDBG forms, the grantee or grant administrator will ONLY fill out the fields in RED.

Agency:		Indiana Office of Community and Rural Affairs					
Accounting@lg.IN.gov		Encompass Voucher #:			Invoice Date:		
		Business Unit #:		00038	Invoice Amount:		\$ 0.00
Name of Grantee:					Vendor #:		
					SCM Award #:		
Grant Number:					EIN:		
					PO Number:		
		Grantee Address			Receipt #:		
Street:					Remit:		
City/Town:					Program Name:		CDBG
State:		IN	Zip Code:		Grant Administrator:		
Date of Service	Activity Code	IDIS Number	Budget Category	Approved Budget	Expense Amount	Total Expenses to Date	Balance
	03J	31872	Construction	\$ 602,000.00			\$ 602,000.00
	03J	31872	Labor Standards	\$ 5,000.00			\$ 5,000.00
	21E	31874	Environmental Review	\$ 3,000.00			\$ 3,000.00
	21A	31873	Administration	\$ 40,000.00			\$ 40,000.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
Total Amount:				\$ 650,000.00	\$ 0.00	\$ 0.00	\$ 650,000.00