



Indiana Office of Judicial Administration, Language Access Services  
 Court Interpreter Grant Claim Voucher – Award Period CY 2024  
 (11/1/2023 – 6/30/2024)

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

Grantee Information					
Date		Grant number			
County/ Court		Contact name			
Mailing address					
City		State		Zip code	
Phone number		Email address			
Grant Details <b>All claim vouchers with invoices must be submitted monthly to: <a href="mailto:supct.payables@courts.in.gov">supct.payables@courts.in.gov</a></b>					
1. Remaining amount total from previous years <i>(not including 2024)</i>					
2. 2024 Grant award <i>(2024 award amount only)</i>					
3. Total combined grant award <b>(Line 1 + Line 2)</b>					
4. Total amount received since January 2024					
Claim Voucher Details					
5. Amount paid for interpreting time					
6. Amount paid for mileage <i>(if any)</i>					
7. Amount paid for travel time <i>(if any)</i>					
8. Amount paid for cancellation <i>(if any)</i>					
9. Total amount of this claim <b>(Line 5 + Line 6 + Line 7+ Line 8)</b>					
10. Net grant balance available after this disbursement: <b>[Line 3 – (Line 4 + Line 9)]</b>					
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 Grantee’s Records. <i>The indicator “/s/” followed by the person’s name is an acceptable e-signature.</i>					
Typed or printed name and title			Signature		
IOJA Use Only <i>(Do not write below this line)</i>					
Amount approved					
Grant number					
Invoice number					
PO#					
Receipt number					
Authorized signature					
Date					