Indiana Supreme Court

Court Improvement Program

**Request for Reimbursement**

Subrecipient Name:

Address:      

CIP Award Number:       Date of Request:      

**Total CIP Grant Award: $**

Email this Request for Reimbursement to [supct.payables@courts.in.gov](mailto:supct.payables@courts.in.gov) with supporting documentation.

Supporting documentation such as paid invoices and timesheets must be provided with each request to verify the amount of funds requested for reimbursement and the amount of match provided. The final Request for Reimbursement must be received by October 16, 2023.

**CIP Grant Award**

Total CIP Grant Award: **$**

Amount of CIP Grant Funds Previously Requested:

**Amount of CIP Grant Funds Now Requested:** $

Amount of cash match to be provided with this request: $

Amount of in-kind match to be provided with this request: $

***Certification of Fiscal Officer*:**

I certify that the information above is correct and that: 1) all disbursements were or are to be made in accordance with grant conditions, and 2) the requested cash is required to meet immediate cash needs.

      (Type or print name) Title:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIP office use only:

Agency-22

Fund-60020

Program-10000  
Department-017025