CLAIM -- VOUCHER
State Form 11294 (R7 / 9-09)
Approved by Auditor of State, 2009
Approved by State Board of Accounts, 2009

Name of Business Unit personnel who prepared this claim.	
Name: CDBG Accountant	Telephone number: 232-xxxx

Name of Business Unit: Lt Governor's Office		Business Unit Number: 038	
ENCOMPASS Voucher Number: To be completed by CDBG Accountant	Invoice Number: Grant Number	Invoice Date *(month, day, year)*: Date submtted	Invoice Amount: Total Amount of this claim
Name of Vendor: Grantee Name (City, Town or County)		Address *(number and street)*: Grantee's Street Address or P. O. Box #	
ENCOMPASS Vendor Number: Grantee's Federal Identification Number REMIT 00X (Account #)		Address *(city, state, and ZIP code)*: Grantee's City, State and Zip	

AREA BELOW TO BE COMPLETED BY BUSINESS UNIT.

Date	Line #	Amount / Bud Ref	Fund / Account	Department / Program	Project / Activity	Handling Code	Line Description
Submitted	**13**	**20,000.00**					**Grant Administration**
"	**04B**	**150,000.00**					**Sewer Construction**
"	**04B**	**30,000.00**					**Engineering**

GROSS AMOUNT $ 200,000.00	Furnished to: *(name of business unit)* **Lt Governor's Office**

I certify that this claim is correct and valid and is a proper charge against the chartfields indicated.

Authorized Signature of Business Unit	Date *(month, day, year)*

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 Vendor Signature of Vendor	Date *(month, day, year)*