

Office of the Lieutenant Governor

Agency:					
Accounting@lg.IN.gov		Encompass Voucher #:		Invoice Date:	
		Business Unit #:		Invoice Amount:	
Name of Grantee:			Vendor #:		
			SCM Award #:		
Grant Number:			EIN:		
			PO Number:		
Grantee Address			Receipt #:		
Street:			Remit:		
City/Town:			Program Name:		
State:		Zip Code:			
			Grant Contact:		
Date of Service	Budget Category	Approved Budget	Expense Amount	Total Expenses to Date	Balance
Total Amount:					
<p>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.</p> <p>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.</p>					
Signature of Grantee				Date	