STATE OF INDIANA CLAIM - VOUCHER

State Form 46138 (R / 8-14) / Form A-12
Approved by State Board of Accounts, 2014
INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

INSTRUCTIONS: This form may be used only for claims chargeable to Services Other Than Personal.

Warrant number

Name of claimant	
Address of claimant *(number and street, city, state, and ZIP code)*	
Account number	Name of state agency Indiana Family and Social Services Administration
Name of appropriation	Amount to be paid $

DATE *(month, day, year)*	ITEM	AMOUNT

Contract number	For expenditures incurred during the period *(month, day, year)* through

I certify that this claim is correct and valid, and is properly charged against the State Agency and Account number indicated above.

Authorized signature of state agency	Date signed *(month, day, year)*

Pursuant to the provisions and penalties of Chapter 155 Acts of 1953.

I hereby certify that the foregoing 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 Claimant	Date signed *(month, day, year)*