



STATEMENT OF EXPENSE OF PRECINCT OR VOTE CENTER ELECTION OFFICERS

(PRE-2)

State Form 47432 (R4/8-25)

Indiana Election Division (IC 3-6-6-25, 3-6-6-28)

Approved by State Board of Accounts 1999

INSTRUCTIONS: The inspector must complete this statement before the close of the polls. Each precinct election officer should review the statement for correctness. In counties that use Vote Centers, if there is an alternate title for the election officer, please write that title below the corresponding statutory title. This statement must be returned to the county election board with other election material by the inspector and the judge of the opposite political party from the inspector. The circuit court clerk must file this statement with the county auditor.

INSPECTOR: Please PRINT names and addresses clearly. This information is used to pay you and other precinct election officers. A second PRE-2 may be used for Vote Centers with more workers than listed on this form.

On the _____ day of _____, 20_____, in Precinct or Vote Center _____, City or Town of _____,
Township or Ward _____, County of _____, Indiana.

TITLE	NAME/PHONE	ADDRESS	TRAINING/ WORKDAY	ELECTION PAY	MEAL PAY	TRAINING PAY	TOTAL	ACCOUNT/ VENDOR #
Inspector			Training Yes Training No					
			Full Day Part Day					
Judge			Training Yes Training No					
			Full Day Part Day					
Judge			Training Yes Training No					
			Full Day Part Day					
Poll Clerk			Training Yes Training No					
			Full Day Part Day					
Poll Clerk			Training Yes Training No					
			Full Day Part Day					
Asst. Poll Clerk			Training Yes Training No					
			Full Day Part Day					
Asst. Poll Clerk			Training Yes Training No					
			Full Day Part Day					
Sheriff			Training Yes Training No					
			Full Day Part Day					
Sheriff			Training Yes Training No					
			Full Day Part Day					
TOTAL (Page 1)								

TITLE	NAME/PHONE	ADDRESS	TOTAL	ACCOUNT/ VENDOR #
Rental				
Janitorial				
Meals				
Miscellaneous				
TOTAL (Page 2)				
TOTAL (Page 1)				
TOTAL				

Pursuant to the provisions and penalties of IC 5-11-10-2, I certify that the foregoing account is true and correct, that the amount claimed is legally due, after allowing all just credits. No part of the same has been paid.

Signature of Inspector	Printed Name of Inspector	Date Signed (month-day-year)
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Accounts Payable Voucher No. _____

I have examined this claim and certify as follows:

IN FAVOR OF: _____
Inspector

That it is in proper form.

Precinct/Township or Ward _____

That it is duly authenticated as required by law.

City or Town _____

That it is based upon _____

- contract
- statutory authority
- correct
- incorrect

\$ _____

On Account of Election 20 _____. _____

County Auditor _____

Allowed _____, 20 _____

In the sum of \$ _____

