

# Department of Commerce and Economic Opportunity

## Expenditure Summary and Payment Request

Emergency Shelter Grant Program

Grant Number \_\_\_\_\_  
 Grantee Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Prepared by \_\_\_\_\_  
 Date \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

Report Period: 

From	To
------	----

Report # \_\_\_\_\_  
 Final Y/N? \_\_\_\_\_

		(1)	(2)	(3)	(4)
				Expenses	
Cost Categories	Description	Approved Budget	Year to Date Expenditures Prior Period	Incurred for Report Period and Cash Request	Year to Date Expenditures ( 2 + 3 )
1100	Rehabilitation	_____	_____	_____	_____
1200	Essential Services	_____	_____	_____	_____
1300	Prevention	_____	_____	_____	_____
1400	Operations	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____

### Itemization of Match

		(1)	(2)	(3)	(4)
				Expenses	
Match Cost Categories	Description	Approved Match Budget	Year to Date Expenditures Prior Period	Incurred for Report Period	Year to Date Expenditures ( 2 + 3 )
4100	Rehabilitation	_____	_____	_____	_____
4200	Essential Services	_____	_____	_____	_____
4300	Prevention	_____	_____	_____	_____
4400	Operations	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____

### Grantee Certification

I hereby certify that all expenditures from these project funds are for approved project costs only. Further, I certify that supporting documentation on actual expenditures is on file in our office, and that I have full signature authority to sign on behalf of this grantee.

Signature \_\_\_\_\_ Date \_\_\_\_\_