

Department of Commerce and Economic Opportunity
Expenditure Summary and Payment Request
Emergency Shelter Grant Program

Grant Number _____ Prepared by _____
 Grantee Name _____ Date _____
 Address _____ Phone _____
 _____ Fax _____

Report Period:

From	To
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 Report # _____
 Final Y/N? _____

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

Itemization of Match

Match Cost Categories	Description	(1) Approved Match Budget	(2)	(3)	(4)
			Year to Date Expenditures Prior Period	Expenses 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 _____