

Advanced Payment Grant Expenditure Report Form

SWIFT PO Number:	Grantee:	Program Name:
Payment Number _____ *Multiple payments?: Y or N *Grant Payment Amount: \$ _____ Grant Payment Period: From: ____/____/____ To: ____/____/____ Total Grant Amount: \$ _____ Final Request: Y or N	<input type="checkbox"/> I certify that I am authorized to report these grant expenditures, and that all services rendered, materials purchased, and expenditures reported are as shown within the attached supporting documentation. <u>I certify that the expenditures reported have not been reimbursed from another source, and were used exclusively for this program.</u> Copies of these supporting documents are attached as required by the MDVA Grants Manual (Ref. Section IV.). Note: All original supporting documentation (e.g. receipts, invoices, proof of payment, and signed payroll records) will be retained by the Grantee as required by the MDVA Grants Manual (Ref. Section V.)	
_____ Signature Date		
_____ Name, Title		
Daytime Phone Number: _____		
e-Mail: _____		
Remarks:		

For MDVA Use Only

I have reviewed the evidence provided by the Grantee for the goods, materials and/or services presented and they satisfy State requirements for this agreement.	
Report approved for: \$ _____ By: _____ Title: _____ Date: _____	Date Received <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
2nd Review By: _____ Title: _____ Date: _____	

Please keep original supporting documentation (invoices etc.), along with a copy of this completed form. Records must be retained for six (6) fiscal years from the end of the agreement.