

# APPENDIX D

## Advanced Payment Grant Expenditure Report Form

<b>Grantee:</b>	<b>Program Name:</b>	<b>SWIFT P.O. Number:</b> <small>(Ref: Executed grant agreement)</small>
<b>Advanced Payment Type</b> ___ One Payment <i>(beginning of grant year)</i> ___ Multiple Payments Invoice date range: From: <i>(earliest date):</i> ____/____/____ To: <i>(latest date):</i> ____/____/____ Advanced Amount \$ _____ Grant Closeout: ___Y/ ___N	<input type="checkbox"/> I certify that I am authorized to report these grant expenditures, and that all services rendered, materials purchased, and expenditures are accurate and are as reported. Copies of these supporting documents are attached as required by the MDVA Grants Manual (Ref. Section IV.) and the grantee grant agreement.  <i>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.)</i>  _____ Signature <span style="float: right;">Date</span> _____ Print 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: \$ _____	Payment Authorized
By: _____	
Title: _____	
Date: _____	
<b>2nd Review</b> <i>(if required)</i>	
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.