

Appendix D - Advanced Payment Grant Expenditure Report Form

Grantee:	Program Name:	SWIFT P.O. Number: <small>CVSO Grants - For MDVA Use Only</small>
Advanced Payment Type ___ 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 Close out: ___Y/ ___N	<input type="checkbox"/> I certify that I am the Grantee Authorized Representative and/or authorized to manage the MDVA grant. <i>Note: All original, grant expenditure supporting documentation (e.g. receipts, invoices, service contracts, payroll records), etc.) will be retained on-file by the grantee and submitted to MDVA as specified in the Grant Agreement and MDVA Grants Manual (Ref. Section V.)</i> _____ Date Signature _____ Print Name, Title Daytime Phone Number: _____ e-Mail: _____	
Remarks:		

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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: <u>MDVA Grants Specialist</u> Date: _____ 2nd Review (if required) By: _____ Title: <u>MDVA Grants Program Manager</u> Date: _____	Payment Authorized P.O. # _____ Invoice # _____ Amount \$ _____ P or F _____ Voucher # _____ Input By _____ Approved By _____ 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.