

GRANT FINAL EXPENDITURE REPORT

Project Title:			Grant Amount:	\$	
School Name:					
		Individual Teacher Grant (Circle C Support Our Schools (Gala Grants	•	g Cycle)	
Recipient or Contact Person's Name:					
Date Rec'd.	Item	Pur	chase Order #	Amount	
			TOTAL		
Submitted by:		Grant Recipient, Printed Name	Date:		
		Grant Recipient, Printed Name			
			<u></u>		
		Grant Recipient, Signature	RETURN TH	IIS FORM TO:	
Grant Amount: \$				Forest Hills Public Schools	
Total Expenses: \$				n Scott, Business Office	
			I	orest Hills Administration Building 590 Cascade Rd, SE	
Difference: \$			l l	apids, MI 49546	
*Please expl	ain differe	nce:			
					

Deadline to Submit Final Expenditure Report: