

**Grant Expense Report**

Please complete all information and attach requested documentation.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Endowment Grant Awarded: | | Amount Awarded: $ |
| **ORGANIZATION INFORMATION** | | | |
| Name of Organization: | | | |
| Contact Name: | | | |
|  | | Phone: | |
|  | | | |
| **PROJECT INFORMATION** | | | |
| Name of Project: | | | |
| What did the project accomplish? | | | |
| How many people did it serve? | | | |
| What change was completed? | | | |
|  | | | |
|  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROJECT EXPENSE LISTING** | | | | |
| Date | Description | | Amount | Total |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| TOTAL | | | $ | $ |
| Signature of Project Coordinator: | | | | |
| **OFFICE USE ONLY** | | | | |
| Date Received: | |  | | |
| Received by: | |  | | |

Note: All unused grant funds awarded by Lebanon Area Foundation for the project must be returned to Lebanon Area Foundation within 15 business days