

**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