

**CT. Humanities Council
955 South Main Street
Middletown, CT 06457**

Humanities in the Schools

CHC - 1

Interim / Final (circle one) Expenditures Report

Grantee: _____

Grant Period

From: _____

Address: _____

To: _____

Grant # _____

Date: _____

Budget Category	Matching Award (from contract)	Expenditures	
		Total Council Funds (pg. 2)	Total Cost - Share (pg. 3)
A. Personnel			
B. Travel			
C. Supplies			
D. Rental			
E. Postage			
F. Telephone			
G. Printing			
H. Promotion			
I. Evaluation *			
J. Other			
TOTAL:	\$ -	\$ -	\$ -

Pymt's Rec'd to Date: _____

Cash Request Amount: _____

CERTIFICATION: We certify that the foregoing information is true and correct and that all expenditures were incurred solely for the purposes of the above numbered grant, during the grant period, and in accordance with the agreed conditions of the award.

Fiscal Agent: _____

Date: _____

Project Director: _____

Council Approval: _____

