

# Name of Grantee Organization:

Fiscal Agent:  
Address:

Phone:

# Grant Expenditure Report

Please explain grant expenditures. Examples: Project completed, number of people who benefit, change completed.

Total Grant Awarded from Coffeyville Area Community Foundation \$ \_\_\_\_\_

Date	Description	Amount	Total
Subtotal			
Total			

Receipts must be attached to expense form.

Fiscal Agent for Grantee: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



Please return to: Coffeyville Area Community Foundation  
 PO Box 635 Coffeyville, KS 67337  
 620.251.4769  
 Please call if you have questions!