

# Itemized Expenditures

Program Name: \_\_\_\_\_ Grant #: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Project Director: \_\_\_\_\_

Date of payment and check #	Amount paid	Payment recipient	Budget category	Description of goods or services
<b>Total amount paid:</b>				

**Please submit a voucher (included in your Grant Award packet) for each item.**