FINANCIAL REPORT

Date Due_____

Please check one: **Interim report** ☐
Final report ☐

Grant # _____

Project Sponsoring Organization _____

Project Title _____

Fiscal Officer's Signature _____ **Date** _____

Project Director's Signature _____ **Date** _____

Expenditure Category	Grant Awarded	Grant Expended
Honoraria		
Salaries		
Travel		
Supplies		
Promotion and Printing		
Postage/Telephone		
Equipment/Facilities Rental		
Other (Specify)		
TOTALS	$0.00	$0.00
Total Payments received to date		
Balance Due or (Refund to WVHC)		

(Forms updated January 2011)