

RTP Grant Grant Fund Expenditures



DATE: _____

Agreement # RTP _____

It is suggested to complete this form prior to filling out the Reimbursement Form.

Salaries and Wages
Employee

| | Hourly Rate | Hours | Match | Grant |
|--------------------|-------------|-------|-------|-------|
| | \$ | | \$ | \$ |
| | \$ | | \$ | \$ |
| | \$ | | \$ | \$ |
| | \$ | | \$ | \$ |
| | \$ | | \$ | \$ |
| | \$ | | \$ | \$ |
| | \$ | | \$ | \$ |
| Grand Total | | | \$ | \$ |

Equipment, Materials, and Supplies

| | Item | Match | Grant |
|-----------------|------|-------|-------|
| Equipment | | \$ | \$ |
| Supplies | | \$ | \$ |
| Materials | | \$ | \$ |
| Other (explain) | | \$ | \$ |
| Total | | \$ | \$ |

Please attach a **copy** of your receipts for equipment, materials, and supplies purchased and being purchased shown as match or grant funds.