Expense and Match Documentation Form

Number each receipt/invoice and attach copies. Duplicate this form if additional space is needed.

Expenses to be Reimbursed by Grant

Item #	Date	Paid To	Items/Services Purchased	Cost
			Total reimbursements requested this period	$ 0.00

Cash Match Description

Item #	Date	Paid To	Description of Items/Services (including time, rate etc.)	Cost

In-Kind Match Description

Item #	Date	Paid To	Description of Items/Services (including time, rate etc.)	Cost
			Total match this period	$ 0.00