

## Interim Expenditures Report

Sponsoring Organization: \_\_\_\_\_ Grant ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Reporting Period: from \_\_\_\_\_ to \_\_\_\_\_. Grant Period: from \_\_\_\_\_ to \_\_\_\_\_.

	GRANT	COST-SHARE		TOTALS	
	MH \$ Expended To Date*	Cash Cost-Share Expended To Date	Source of Cash Cost-Share	In-Kind Cost-Share Expended To Date	Total To Date (Grant + Cost Share)
A. Project Director					
B. Fiscal Agent					
C. Secretary/ Other Staff					
D. Planning Committee					
E. Speakers, Panelists					
Humanities Scholars					
Other					
F. Researchers, etc.					
G. Telephone/ Postage					
H. Supplies/ Printing					
I. Publicity					
J. Travel					
K. Equipment/ Rentals					
L. Space Rental					
M. Indirect costs (itemize)					
N. Evaluation					
O. Other (explain)					
<b>TOTAL</b>					

### CASH REQUEST (for other than first check)

We request \$ \_\_\_\_\_ from our grant for the period from \_\_\_\_\_ to \_\_\_\_\_ (according to 45%, 45%, 10% formula or three months' need). We certify that the foregoing information is true and correct, and that all expenditures were incurred solely for the purposes of the above-numbers grant, during the grant period, and in accordance with the agreed conditions of the award.

Project Director \_\_\_\_\_ Date \_\_\_\_\_ Project Treasurer \_\_\_\_\_ Date \_\_\_\_\_

*\*\*Attach a budget explanation for eliminated line items, newly added line items and changes of \$500 or greater from your original budget request form (MH\$ column only). Both original (not photocopied) are required. Include a brief narrative report with this form.*

