

Scholar in Residence Program: Final Expenditures Report
 (To be filled out and signed by the host institution's project director and fiscal agent)

Grantee: _____ Grant ID#: _____

Address: _____

Phone: _____

Grant Period: from _____ to _____.

Name/Description	Amount Of Time	Approved Grant Budget	Actual Expenses
A. Project Director			
B. Staff Person			
C. Scholar			
D. Supplies			
E. Travel			
F. Telephone/ Postage			
G. Other (describe)			
TOTAL			

We certify that the foregoing information is true and correct, and that all expenditures were incurred solely for the purposes of the above-numbered grant, during the grant period, and in accordance with the agreed conditions of the award.

Project Director _____

Date _____

Project Treasurer _____

Date _____

