

GRANT EXPENDITURE REPORT

State Form 54926 (2-12)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF COMPLIANCE SUPPORT RECYCLING MARKET DEVELOPMENT PROGRAM

100 North Senate Avenue Mail Code 64-02 Indianapolis, IN 46204-2251 Internet: www.recycling.IN.gov

INSTRUCTIONS:

Designate budget categories appropriate to grant budget in Exhibit A of the grant agreement. Enter grant and cash match expenditures into the appropriate budget categories below.

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SECTION 1		GRANT INFORMATION				
	Name of Grantee:				Grant Amount:	
Executive Document Summary (EDS) Number:		Grani	t Start Date:		Grant End Date:	
SECTION 2		BUDGET CATEGORY EXPEND	TURES			
Equipment						
Invoice Date	Vendor	Description of match or expense	Check Number	Total Expense Amount	Grant Expenditure Amount	Cash Match Amount
			TOTALS:			
	Signature:					
	Title:			Date:		