



WASTE TIRE GRANT EXPENDITURE REPORT

State Form 57242 (R / 12-25)

Approved by State Board of Accounts, 202

Approved by State Board of Medicine, 2021

INSTRUCTIONS: Designate budget categories appropriate to Exhibit A of the grant agreement.

Enter grant expenditures into the appropriate budget categories below.

Attach receipts, manifests, additional documentation, and submit them to the email address on the form.

Indiana Department of Environmental Management
Office of Land Quality
Waste Tire Grant Program
100 North Senate Avenue
IGCN 1154
Indianapolis, IN 46204-2251
(317) 234-6923
Toll-Free: (800) 451-6027
WasteTireGrants@idem.IN.gov

SECTION 1

GRANT INFORMATION

Name of Grantee:			Grant Amount:		
Contract number:		Grant Start Date (mm/dd/yy):		Grant End Date (mm/dd/yy):	
PO number:		Grant Contract Year:		Total Reimbursement to Date:	

SECTION 2

BUDGET CATEGORY EXPENDITURES

Print (first, last):

Signature: _____ Date (mm/dd/yy): _____