



**GRANT EXPENDITURE REPORT  
COMMUNITY RECYCLING GRANT PROGRAM**

State Form 51986 (R / 5-20)  
Indiana Department of Environmental Management

Indiana Department of Environmental Management  
Office of Program Support  
Community Recycling Grant Program  
100 North Senate Avenue  
IGCN 1316  
Indianapolis, IN 46204-2251  
<https://www.in.gov/idem/recycle/2543.htm>

**INSTRUCTIONS:** Designate budget categories appropriate to Exhibit A of the grant agreement.  
Enter grant, cash match, and in-kind match expenditures into the appropriate budget categories below.

<b>SECTION 1</b>		<b>GRANT INFORMATION</b>					
Name of Grantee:				Grant Amount:	\$		
Contract number:		Grant Start Date (mm/dd/yy):		Grant End Date (mm/dd/yy):			
<b>SECTION 2</b>		<b>BUDGET CATEGORY EXPENDITURES</b>					
Budget Category:							
Invoice Date (mm/dd/yy)	Vendor	Description of expense or match	Check Number	Total Expense Amount	Grant Amount	Cash Match Amount	In-kind Amount
TOTALS:							

Signature: \_\_\_\_\_

Date (mm/dd/yy): \_\_\_\_\_