

## FY22 Arts and Humanities Project Grant Reimbursement Form

Grant Title:	
Name of Organization:	
Remittance Address:	
(Check should be mailed)	
Primary Contact	
Title:	
Name:	
Phone Number:	
Email Address:	
Signature:	Date:
Name:	
Title:	

Please review your grant proposal and the goals of the grant program before answering the following questions.

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If available, please attach copies of relevant materials such as a brochure, article, photo that describes the projects accomplishments or links to online materials

## **Financial Information**

Expenses must match the budget submitted with the application. Copies of paid receipts, credit card statements or cancelled checks must be submitted with the reimbursement form. Purchase orders are not acceptable proof of payment.

Vendor Name	Description	Amount
	Total	