



Grant Expense Report

Submitted by: _____ School: _____

Project Title: _____

Semi-Annual Grant Number: _____ Grant Date: _____

Date Report Submitted: _____ Grant Amount: _____

Please complete this report and submit it to the Foundation Office at the conclusion of your project or end of the semester. **Receipts or copies of canceled checks must be attached to verify all information submitted.** If materials or services were obtained at a discounted rate, and the grant funds were not used in full, please attach a check payable to the Claremore Public Schools Foundation. Thank you.

DATE	EXPENSE	AMOUNT CHARGED TO:		
		Personnel	Materials	Other
TOTAL:				

Total Grant: \$ _____

Submitted by: _____

Total Expenses: \$ _____

Date: _____

Explanation of difference: _____

**Please refund excess funds to the
 Claremore Public Schools Foundation**

Approved by _____

Mission of the Claremore Public Schools Foundation
"Enrich the quality of education in the Claremore Public Schools"
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