Mississippi Humanities Council  
MHC-2 Voucher Register

Grantee ___________________________ Expenditure Report Date ______________

Grant Number_________________ Page Number ____ of _____ Pages

A. Expenditure This Reporting Period:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPENDITURE DATE</td>
<td>FORM OF PAYMENT*</td>
<td>PAYEE</td>
<td>ITEM CODE**</td>
<td>AMOUNT</td>
<td>RESERVE (MHC use only)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Total Expenditures This Reporting Period: $ 

C. "Cumulative Total" From Previous Voucher Register $ 

D. Cumulative Total (B + C) $ 

*Check number, credit card type, bank name for direct deposits, etc.

**Please refer to the alphabet letters next to payment types on the MHC-1 (Column 5. APPROVED BUDGET)