

MISSISSIPPI HUMANITIES COUNCIL
Interim/Final Expenditure Report and/or Cash Request

Period of Report: From _____
Through _____

Please Read Instructions Before Completing

1. Grantee (Name, Address, Email, and EIN)	2. Grant Number	3. Grant Period: From _____ to _____
	4. Amount of Grant	
	Cost-Share	

5. APPROVED BUDGET		6. EXPENDITURES		
Expenditure Categories	Amount	6a. Cumulative Grant Expend.	6b. Cumulative Cost-Sharing	6c. Total Project
A. Personnel				
1. Salaries & Wages	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx		
2. Fringe Benefits	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx		
3. Honoraria:				
B. Travel (including lodging):				
C. Supplies				
D. Printing & Duplicating				
E. Postage & Telephone				
F. Equipment Rental				
G. Facilities Rental				
H. Advertising				
I. Other (specify):				
J. TOTAL				
K. Total Payment to Date	xxxxxxxxxxxxxxxx		xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx
L. Difference	xxxxxxxxxxxxxxxx		xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx

7. Sources of Cost-Sharing Funds and Amounts

8. Interest earned on Federal Funds: \$

9. Payment requested through _____ (date) Amount: \$

10. CERTIFICATION

We certify that the foregoing information is true and correct, and that all expenditures were incurred solely for the purposes of the above named grant, during the grant period, and in accordance with the agreed conditions of the award.

Project Official	PRINTED NAME	TITLE
Telephone:	SIGNATURE	DATE
Financial Officer	PRINTED NAME	TITLE
Telephone:	SIGNATURE	DATE