Delburne Community Support Grant ACCOUNTING OF GRANT FUNDS

Date:		
Recipient Organization:		
Mailing Address:		
Grant Funds Received – Year	Amount _	A
Grant Funds Used: Attach copies of Receipts		
Description of Expense	Budget	Actual
	·	
		
_		
_		
		_
		B
Net Surplus: (A - B) (Enter 0 if negative	ve)	
I hereby certify that the above listed transactions Delburne Community Support Grant as outlined in		
Director Director	ctor	
Note:		

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Please attach copies of all invoices.

If insufficient space on this page for listing of Grant Funds used, attach a schedule outlining the same information.

This form must be remitted to the Village of Delburne, Box 341, Delburne, AB T0M 0V0. No additional grants will be approved until previous funding has been accounted for.