**Grant Expense Report**

**Fostoria CARES Small Business Relief Grant Program**

Grantee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grantee Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date of  Payment | Name of Payee | Invoice # | Purpose | Check # | Verification Attached? |
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The undersigned hereby certifies that all expenses set forth above were paid by the Grantee using Fostoria CARES Small Business Relief Grant Program funds and that the foregoing are all eligible business expenses. The undersigned further understands that, in the event funds were not properly spent, that they may need to be repaid to FEDC.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grantee Representative Date