KENT MEDICAL FOUNDATION

GRANT EXPENSE REPORT FORM – Community Service/Outreach endeavor

Today's Date:			
Your Name			
Group Name			
Local Address:			
Phone:	Fax:	Email:	
Your Project (or	Research Project) Name:		

Please attach Community outreach brochure and all related information.

Instructions:

Please retain ALL receipts of related expenses as approved on your initial budget submitted with your application. The KMF Board reserves the right to reimburse only acceptable, related expenses to your project. ALL expenses should be reviewed with the Kent Medical Foundation office in advance to confirm reimbursement eligibility.

STEP I.

Name of Event:	
Location:	
Sponsors of the event: _	

STEP II.

Date funds are needed: _____

Date/cost	Summary of Project/Outreach effort/Health Fair, etc.		
OFFICE USE:			