

Grant Disbursement and Expense Statement

Project Name:

Community Health Outreach Program

Grant Number:

GH-2024-013

Reporting Period:

Jan 1, 2024 - Jun 30, 2024

Grantee Organization:

Helping Hands Foundation

Prepared by:

Jane Doe

Date:

July 10, 2024

Grant Disbursement Details

Installment No.	Date Received	Amount (USD)	Remarks
1	Jan 10, 2024	10,000	Initial Disbursement
2	Apr 15, 2024	5,000	Second Installment
Total Disbursed		15,000	

Expense Statement

Category	Description	Amount Spent (USD)
Personnel	Field Workers Salary	6,000
Supplies	Medical Kits & Materials	2,800
Travel	Site Visits & Transportation	1,700
Training	Workshop for Volunteers	2,000
Administrative	Communication, Office Supplies	1,100
Total Expenses		13,600

Unspent Balance (USD):

1,400

Authorized Signature

Date

Important Notes

- This statement must be supported with receipts, invoices, or other documentation for all expenses.
- Any unspent balance must be reported and may be subject to return or re-allocation according to grant agreement.
- Submission of false or incomplete information can result in grant termination and legal consequences.
- Keep a copy of this statement and all supporting documents for audit purposes.
- Contact the granting agency for any clarifications or if you need to request an extension for reporting.

