## C:\Users\Indiana Humanities\Downloads\ih-horizontal-tag-fc (2).jpgFINAL EXPEDITURE REPORT

Innovation Grant

List and provide dollar amounts for all items paid for with grant funds (in the Indiana Humanities Funds column), paid for with your own funds (in the Cost Share—Cash column), and contributed to your program (in the Cost Share—In-Kind column). For cash expenditures, ensure you have receipts or invoices in your files, but do not send them to Indiana Humanities. For in-kind donations, certify the contributions using the forms supplied to you and keep them in your files. For auditing purposes, be sure to retain all records for three years.

**Sponsoring Organization:**       **Grant Number:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | *Indiana Humanities Funds* | *Cost Share—Cash* | *Cost Share—In-Kind* | *Notes* |
| *Administration*  (list all persons, titles, hours, and rates of pay) |  |  |  |  |
| *Program Personnel*  (list all non-administrative persons and stipends or rates of pay) |  |  |  |  |
| *Travel and Per Diem*  (list mileage, airfare, lodging, per diem, etc.) |  |  |  |  |
| *Supplies*  (list expenses for any supplies) |  |  |  |  |
| *Printing and Postage*  (list expenses for any printing and postage) |  |  |  |  |
| *Space Rental*  (list expenses related to office and meeting space) |  |  |  |  |
| *Other*  (list all items not included above) |  |  |  |  |
| **TOTALS** |  |  |  |  |