



**GENERAL AWARD APPLICATION
Expense Worksheet**

Date: _____ Applicant: _____

Request For (Activity, Opportunity): _____

Provider of Service:

Provider Address:

Provider Phone Number: _____ Amount Requested: _____

ITEM COST

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SUBTOTAL

_____ **TAX**

TOTAL

Vendor Initial _____ Date _____

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