

Illinois Department of Commerce and Economic Opportunity
Workforce Development Bureau

Grant Manager Tammy Stone

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Expenditure Summary and Payment Request Form

Grantee Name _____ Date _____

Grant Number _____ Report Period

From	To

 Report No _____

Prepared By _____ Partial

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Final

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Phone Number _____ E-Mail Address _____

Line Item:	Budget	Previously Reported Expense	Current Period Expense	Balance
1000 Youth Wages				\$0.00
2000 Program Services				\$0.00
3000 Contractual				\$0.00
4000 Other				\$0.00
5000 Administration				\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

Grantee Certification	
All expenditures from these project funds are for approved project costs only. Further, I certify that supporting documentation of actual expenditures is on file in our office, and that I have full signature authority to sign on behalf of this agency.	
By: _____	_____
Grantee Signature	(date)

DCEO Authorization for Payment	
Grant Manager: _____	_____ (date)
Manager: _____	_____ (date)
Accounting Input	