

Senior Center  
Grantee Site: \_\_\_\_\_

## CENA Expenditure Report

Page No: \_\_\_\_\_

MM/DD/YY: \_\_\_\_\_

Representative: \_\_\_\_\_

Include copies of valid & legible receipts, etc.

Date: \_\_\_\_\_

Total CENA  
\$'s Awarded: \_\_\_\_\_

Operates on a  
Reimbursement basis only.

Reimbursement Month: \_\_\_\_\_

Line No.	Date	Payee	Check # or other	Total Amount of Purchase	Food	Rent/ Utilities	Building Insurance	Equipment	Repairs/ Maint.	Supplies	Description
All items included on this report must include valid receipts with date, purchase amount & items purchased; bank statement and PO if applicable.											
Example:	7/5/2018	Wal-Mart	Check #1568, Cash, Credit, Debit, etc.	\$2,045.50	\$125.86	\$250.00	\$800.00	\$400.50	\$250.00	\$219.14	Example: Food, Utilities, Maintenance and Repair on Building or Equipment, Equipment purchased, Supplies, etc.
1											
2											
3											
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17											
18											
<b>Contract Balance:</b>					<b>This area for SODA AAA Use Only: Reimbursement for month of -</b>  <b>I approve this request for funds in the amount of:</b>  <b>By:</b>						
<b>Total reimbursement request:</b>											
<b>Ending Contract Balance:</b>											