

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											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
Contract Balance:					This area for SODA AAA Use Only: Reimbursement for month of - I approve this request for funds in the amount of: By: _____						
Total reimbursement request:											
Ending Contract Balance:											