IMPACT II ADAPTER GRANT
Expense Form

Grant Recipient _____ School Name _____

Project Title _____ Grant Amount_____

Receipts (or copies of) need to be attached to this form.

Date	Item Supplier	Amount

Total Grant _____ Total Expense_____

Total Expenses _____

Difference _____Check enclosed for monies not spent? _____
Explanation of Difference:

This form is due on July 1, 2007. Send to The Education Fund, 900 NE 125th St., Suite 110, Miami, FL 33161.

PLEASE ATTACH RECEIPTS OR COPIES OF RECEIPTS