



The Episcopal Church in Minnesota
Statement of Grant Accounting

Faith Community
Attention
Address
Address

| |
|---------------|
| Payee: |
| Project Name: |
| Grant Amount: |
| Payment Date: |
| Grant #: |

Report Type: Funds Accounting Form

Due on:

Balance from previous period (if any) (1) \$ _____ -

REVENUE

| | |
|----------------------|-----------------------|
| Current Grant | \$ _____ - |
| All Other Support | \$ _____ - |
| TOTAL REVENUE | (2) \$ _____ - |

EXPENDITURES

| | |
|---|----------------|
| Total Expenditures | (3) \$ _____ - |
| (Please attach copies of contracts, invoices, etc) | |

BALANCE TO BE ACCOUNTED FOR (IF ANY) (1)+(2)-(3) \$ _____ -

CERTIFICATION: To the Episcopal Church in Minnesota: We certify that the grant as described above has been expended for the above purpose.

Date _____ Signature _____

Title _____ Print Name _____

Please Note: Please forward this form along with proper documentation to:
Jennifer Gamberg, Missioner for Finance, ECMN, 1730 Clifton Place, #201, Minneapolis, MN 55403