

Grantee's Report of Interest Earned on Advanced Funds

Total Interest Earned		
Project Name		
Grantee		
Please attach invoices and other required back up documentation.		
Vendor Name / Purpose		Expenditure Amount
	Total:	
Grantee Certification:		
By my signature below, I certify that I have full authority to execute this Reconciliation of interest earned on advanced grant funds on behalf of the Grantee. I declare under penalty of perjury, under the laws of the State of California, that:		
 This report is true and correct to the best of my knowledge. 		
 All expenditures claimed herein were made for the purposes outlined in the Grant Agreement. 		
 All invoices and receipts for project expenditures from all funding sources will be retained and produced in the event of state audit. 		
If this Report includes payment of in-house labor:		
 All employees have been fully compensated for the time billed to the grant. No overhead or indirect costs have been added to employees' billed rates. 		
 No overhead or indirect costs have been added to employees' billed rates. Time records describing hours billed and work performed on the grant project and records 		
supporting billed rates will be retained and produced in the event of state audit.		
Name of Authorized Representative Title of Authorized Representative		
The of Authorized Representance		
Cinnahus of Authorized Desired Desired	Darks	
Signature of Authorized Representative	Date	
Davisous damed Assembled by Count Administrator		
Reviewed and Accepted by Grant Administrator		
Date		