ESSEX HERITAGE

PARTNERSHIP GRANT PROGRAM BUDGET REPORT FORM

Grantee Name:
Project Title:

Please attach all invoices, receipts, canceled checks, etc. to this form and return to: Partnership Grant Program 221 Essex Street, Suite 41, Salem, MA 01970

Date on Invoice/ Receipt	Business Name	Explanation of Expense	Date Paid	Amount Paid	Proof of Payment

TOTAL:
ENHC Grant Amount:

Please feel free to photocopy or recreate this form if more space is needed.

Please send all reports with attached forms and documents to:
Essex National Heritage Commission
221 Essex Street, Suite 41
Salem, MA 01970

Phone: 978-740-0444 Fax: 978-744-6473