STATE HISTORICAL FUND **Attachment 1**
FINANCIAL REPORT

Project Number: # _____ Project/Contract Period: _____

Grant Recipient: _____ Interest Earned: _____

(Enter Ø if none. DO NOT LEAVE BLANK)

Instructions: Report only **PAID**, project related, eligible expenses in your report. Use the form provided below or attach a similar form or spreadsheet you have prepared. **Attachments must follow this format.**

Check **only** one: ☐ Interim or ☐ Final

PAYEE NAME	PROJECT USE/DESCRIPTION	DATE **PAID**	WARRANT OR INVOICE #	AMOUNT **PAID**		
				GRANT FUNDS	CASH MATCH	TOTAL
		Interim Financial Report Totals				
		Final Financial Report Totals				
		Total Project Costs				

I hereby certify that all expenses reported above have been **PAID** and that all of the information contained in this report is true and correct and that any false information or misrepresentation may require immediate repayment of any or all grant funds.

DO NOT WRITE IN THIS AREA
_____Approved for Payment

_____ _____

Grant Recipient / Project Director Signature Date