MARTHA HOLDEN JENNINGS FOUNDATION FINANCIAL REPORT FORM

At the <u>CONCLUSION</u> of your project, the Foundation ACTUAL EXPENDITURES <u>NOT</u> PURCHASE O necessary. If you have any questions, please call our	RDERS. Copies of inv	roices or checks are not		
Martha Holden Jennings Grant Number	Grant Ar	nount		
School District or Organization				
Grants-To-Educator's name if applicable				
Address				
Purpose	City	State/Zip Code		
MARTHA HOLDEN JENNINGS FOUNDATION	GRANT	\$		
GRANT DISBURSEMENTS (itemized by category, for example: supplies, fees, etc.)				

TOTAL GRANT DISBURSEMENTS

BALANCE (Refunds required for	\$
balances of \$20 and over.)	

Signature	Telephone		Date
When this form has been completed, please m	ail to:	Martha Holden Jennings Foundation Business Office 20620 John Carroll Blvd., Suite 215 Cleveland, OH 44118	