

FINANCIAL REPORT (District must retain receipts of all expenditures for at least seven years)

Income

Source of Income	Amount
1. Grant funds to be received from the District _____	
2. Other funding (specify) _____	
3. _____	
Total Project Income _____	

Expenditures (Please be specific and add lines as needed. Copies of all receipts must be attached.)

Budget Items	Name of Supplier	Amount
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
Total Project Expenditures _____		

Certifying Signature

By signing this report, I confirm that to the best of my knowledge these District Grant funds were spend only for eligible items in accordance with Trustee-approved guidelines, and that all the information contained herein is true and accurate. I also understand that all photographs submitted in connection with this report will become the property of RI and will not be returned. I warrant that I own all rights in the photographs, including copyright, and hereby grant RI and TRF a royalty free irrevocable license to use the photographs now or at any time in the future, throughout the world in any manner it so chooses and in any medium now known or later developed. This includes, without limitation, use on or in the web sites, magazines, brochures, pamphlets, exhibition and any other promotional materials of RI and TRF.

Certifying Signature _____ Date _____

Print name, Rotary title, and club _____

Name and Postal Address of Club Treasurer for Reimbursement Payment (**print legibly**)

To be completed by the District Community Grant Committee Chair:

District Community Grant # _____

Individual Project Report # _____