Arts Council of New Orleans

S. Walter Stern Artist Residency Program

Final Report Expenditure Form

Grant award amount: $_____ Page _____ of _____ Pages

Grantee: _____

Check No.	Date	Payee	Personnel Administrative	Personnel Artistic	Personnel Technical	Utilities	Outside Fees Artistic	Outside Fees Other	Marketing & Printing	Supplies & Materials	Space Rental	Equipment Rental	Travel	Postage	Fiscal Agent Fee	Other (ie. Insurance)
TOTALS																

TOTAL AMOUNT SPENT: $_____

Please read **Instructions for Final Report Expenditure Form** before filling out & compiling documentation. You may hand-write the information on this form.
Please attach documentation of grant expenditures (receipts/invoices & copies of cancelled checks) in the order presented on this form.

dec/DAFexpenditureformWEB