SAN DIEGO COUNTY SMALL BUSINESS STIMULUS PROGRAM DOCUMENTATION OF GRANT EXPENDITURES

Grant Period: 3/1/2020 to 12/30/2020

ORGANIZATION	NAME: _				
PURPOSE OF GR	RANT:				
CHECK #:		ISSUED ON:		AMOUNT:	
	DOCUM	ENTATION DUE	NOT LATER THAN	JANUARY 30, 20	21
		n procedures, p <u>uctions</u> before s	lease read the acco ubmittal.	mpanying <u>Docu</u>	mentation of
We will <u>not acc</u> purpose of the		nentation for exp	penditures that are i	not in accordanc	e with the
through Decem	ber 30, 20		ditures incurred and se(s) stated above. of San Diego.		
TOTAL EXPEND	ITURES:	\$	RETURNE	D AMOUNT: \$	
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Prepared by	: (Signatur	e)		Date	
Print Name	Print Name Title		e		
Phone Numb	oer		E-Mail _		
Confirmed b	y: (Signatu	re)		Date	
Print Name	Print Name Title				
Phone Numb	oer		E-Mail _		

 $\underline{\textbf{Note:}} \ \textbf{DO NOT DISCARD} \ \textbf{-} \ Please \ complete \ and \ return \ this \ form, \ including \ attachments, \ to: \\ \underline{\textbf{stimulusgrant.expenditures@sdcounty.ca.gov}}.$