Rock County Childcare Grant Expense Verification Form

INSTRUCTIONS: This Expense Verification Form will be used to document and reconcile the information contained within your original or amended Project Request Form. Each Expense Verification Form must be completed, signed / dated and submitted through the <u>SignNow</u> platform. Please direct any inquiries regarding this form to (<u>CClark@wisconsinearlychildhood.org</u>) or Kelly Matthews (<u>kmatthews@wisconsinearlychildhood.org</u>).

Childcare Provider Name & Location:

Childcare Provider License Number:

Primary Project Contact Person:

Primary Project Contact Email:

Primary Project Contact Phone:

Total Project Grant Award Amount:

Date	Description	Quantity	Cost	Receipt

I/We hereby confirm the expenses identified in this Rock County Childcare Expense Verification Form are true and accurate; and are directly related to the project grant award I received. If requested, I/we agree to provide any additional supporting documentation to reconcile said expenses with the Project Request Form that served as the basis for the Rock County Childcare Grant award that I/we received.

Name and Title of Authorized Childcare Provider Project Contact (Print)

Date

Name and Title of Authorized Childcare Provider Project Contact (Signature)