

Food Bank Account / HPNAP ID No. _____ Date: _____

Instructions: Please use this form to document expenditures of the 2022-2023 Period 5 HPNAP Equipment Award. Incomplete submissions will be declined and returned for completion. Failure to completely (fully) document your Equipment Award may impact the disbursement of future funds or other Food Bank support.

Equipment Award Documentation (use this form for documentation of the Equipment Award only)

Date of Expense or Purchase	Purchase or Expense Amount	Vendor	Receipt or Invoice (Required)	Proof of Payment Included (Required)
Total Grant Claim				

Please use the section below to document the specific equipment purchased with on these grant funds.

Item Purchased	Make	Model Number	Serial Number

By signing below, you agree that the documents submitted are correct to the best of your knowledge.

 X _____
 (Signature)

FOR OFFICE USE ONLY

 Completed Submission:

Amount Verified: _____

 Documentation Complete for this Grant:

Initials: _____