

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

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

Type of Award (check one only - use separate sheets for different award types, use multiple submission forms if necessary)

Utilities Staffing Transportation Disposables Rent / Lease Payment

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

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

X _____
(Signature)

<p>FOR OFFICE USE ONLY</p> <p>Completed Submission: <input type="checkbox"/></p> <p>Amount Verified: _____</p> <p>Documentation Complete for this Grant: <input type="checkbox"/></p> <p>Initials: _____</p>
