MaineHousing HI Financials
Expense Report Cover Form

1. The reporting date range is:_____to_____
2. The total amount of expenses being reported is: _____
3. The complete corresponding expense form with detailed information on requested items and costs is included.
4. Homeless Provider has attached all backup documentation to support expenses (this includes payroll journals for salaries and invoices and proof of payments for all other items).
5. Homeless Provider agrees to provide MaineHousing with any additional documentation requested in order to verify the expenses being reported.
6. Grantee must adhere to requirements of the grant/program as outlined in the grant agreement for this submission.

_____ _____

(date) (Homeless Provider/Agency)

By (signature): _____

Its (title): _____

Printed Name: _____

Contact Phone: _____

Contact Email: _____

Below is for MH use only please:

MaineHousing Approval

_____ _____

(date) By: Melissa Lizotte

Its: Homeless Partner Support Manager