DELAWARE

LAND & WATER CONSERVATION TRUST FUND

Delaware Land & Water Conservation Trust Fund*

RF-4

Cash Expenditures**

Project Name: _____
Project No: _____
Billing #: _____

Reporting Period: _____to _____

Date Paid	Invoice Number	Payee/Vendor	Check Number	Amount Paid

Total:

Progress/Accomplishments this period:

*** DTF Grant Program Manual requires the Project Sponsor keep records of project expenditures and documentation after completion and closure of this grant.**
****Information provided on this Cash Expenditure form must reflect the Date Paid, Vendor Invoice Number, Vendor's Name, Check Number and Amount for each expense. Please include copies of the check(s) to vendor(s) with this form.**

Revised 1/4/06