



# FUSA Development Grants Financial Reconciliation Form

Name \_\_\_\_\_ Student No. \_\_\_\_\_

Application Reference Number \_\_\_\_\_

Name of Grant Activity \_\_\_\_\_

Expenditure				
Please provide expenditure related to your funded activity*  (if necessary add additional rows)	Item	Budget Amount (\$)	Actual Amount (\$)	
		<b>Total: \$</b>	<b>Total: \$</b>	<b>Total: \$</b>

Alternate Funding			
Provide details of identified alternative funding and whether you were successful	Identified Alternative Funding	Successful. Y/N	Amount

**\*Please attach copies of receipts/proof of purchase for all expenditure to this document**

**Applicant Declaration**

This declaration must be signed.

As the person making this grant acquittal I declare that the facts shown are true and correct in every detail.

- I certify that the Grant was used only for the purpose for which the Grant was provided and that the financial records presented as part of this report are true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_