**Community ACCESS-Ability Program**

 **Financial Log 2019-2020**

Name of Applicant:

Itemize each invoice on the Financial Log. Number each of the invoices to correspond with Item No. on the Log No hand-written receipts. Complete a Donated Resource Log to confirm in-kind contributions separately.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item****No.** | **Supplier** | **Items Purchased** | **Cheque No.** | **Amount** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10.  **Total Value from Donated In-Kind Log (Equipment, Materials and Labour)** |  |
| **TOTAL ACTUAL EXPENDITURES**(Total of project expenses and value from In-Kind Log) |  |

**Certification**

*The itemized Financial Statement represents the total costs of the project and is supported by, paid invoices, receipts and documented labour/equipment materials.*

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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