

**FOSTER FRIENDS OF NORTH CAROLINA
GENERAL AWARD APPLICATION
Expense Worksheet**

Date: _____ Applicant: _____

Request For (Activity, Opportunity): _____

Provider of Service: _____

Provider Address: _____

City State Zip

Provider Phone Number: _____ Amount Requested: _____

ITEM	COST
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SUBTOTAL _____

_____ TAX

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TOTAL _____

Vendor Initial _____ Date _____