West Virginia State Auditor's Office

SWORN STATEMENT OF EXPENDITURES

Grant Number:	Grantee Name:		
Grantee FEIN:		**wvOASIS Vendor #:**	
Contact Name:	**Contact Email Address:**		**Contact Phone Number:**
Grantee Mailing Address:	**City:**	**Zip:**	**State:**
Total Grant Award Amount:	**Period of Grant Start Date:**	**Period of Grant End Date:**	

Grant Revenues (Received and Anticipated)		
Revenue Categories	**Comments**	**Amount**
Amount Received		
Amount Anticipated		
	Total Grant Revenues	

Grant Expenditures (allowable costs expended by the grantee)		
If a different expenditure category is needed, use the empty spaces as needed.		
Expenditure Categories	**Comments**	**Amount**
Construction		
Contractual Costs		
Equipment		
Fringe Benefits		
Personnel		
Supplies		
	Total Grant Expenditures	

Ending Grant Balance (Revenues – Expenditures)	
Grant Funds Returned	

This is to certify that I have reviewed the enclosed Statement of Grant Receipts and Expenditures and, to the best of my knowledge and belief, the statement represents all financial activities related to the receipt, use and expenditure of funds granted by the _____ to _____ and that the expenditures reported were for the purposes intended and in compliance with applicable laws, regulations and the terms and conditions of the grant documents. The Statement of Grant Receipts and Expenditures is presented on the [ACCRUAL ☐/CASH ☐] basis of accounting and is supported by our financial records and related documentation.

Printed Name and Title: _____

Authorized Signature: _____

Date: _____

Sworn and subscribed before me this _____ of _____, 20____.
Day Month Year

Notary Public Signature: _____

Title of Office: _____

My Commission Expires: _____

Notary Stamp

Revised April 2022