



KY Department of Tourism/ARPA Tranche 4 Grant Expense Report

Primary Grantee/Applicant _____

Director Name: _____ Director Signature _____

Address: _____

City: _____ State: KY Zip Code: _____

County: _____ Email: _____

Phone: _____

Total Cost of Projects Submitted: \$ _____

Tourism Region:

- Western Lakes & Rivers Louisville Lincoln Bluegrass
 Green River Southern KY Vacations Eastern Highlands North
 Cave Northern Kentucky Eastern Highlands South

-- Do Not Write in This Section--

Date Received: _____

Approved Amount Submitted: \$ _____

Payment # _____

Program Manager's Signature _____

Adjustment(s) made to originally submitted amount(s) due to:
