

Exhibit A

**Grant Expense Report
Summit County Small Business Emergency Relief Grant Program
(Verification should be included)**

Business Name: _____

Grant Amount: _____

Business Address: _____

Representative Name: _____ Representative Phone: _____ Representative Email: _____

Date of Payment	Name of Payee	Invoice # And/or Check #	Purpose	Amount	Verification Attached?

TOTAL:



Total should be equal to or greater than the amount of the grant you received.

The undersigned hereby certifies that all expenses reimbursed by grant funds and listed above were for eligible business expenses as outlined in the program guidelines (LINK "program guidelines"). The undersigned further understands that, in the event funds were not properly spent, that they may need to be repaid to the Greater Akron Chamber.

Grantee Representative

Date