

Travel & Witness Granting Group Report Form

NAME:			DATE OF REPORT:	DATE OF APPLICATION:
ADDRESS:				Aportonant on Unit II
	Street			Apartment or Unit #
_	City		State	Zip
PHONE:	•	E MAII ·		·
PHONE		E-IVIAIL		
IF APPI I	CATION WAS ON REH	IALE OF AN OR	GANIZATION OR PYM C	OMMITTEE please fill in:
	CHITOI WILD ON BEI	THE OF THE OR	GINIZITION ORT TWO	OMMITTEE please im m.
ORGNIZAT	TION NAME			
ODC ANIZ	TION ADDRESS.			
ORGANIZA	Street			Suite or Unit #
	City		State	Zip
PHONE:		E-MAIL:		
Grant or	which you are renor	ting: Dlagga briafl	y describe the project (travel)	for which you or the organization you
		_		
represent	received a Travel & Witnes	ss Grant, including	relevant date(s) and location	S.
المنامة المنا		-£	/haranda esta esta esta esta esta esta esta est	
			the contract of the contract o	have for you and/or for the beneficiarie
				ject/travel, for you and/or the people
				ssons, if any, did you learn from this
project the	at you would want to share	e with members of	your community, positive or l	negative?

(continued)				
Attach additional pages as needed				
May PYM publish excerpts from your report? Y [] N [] If something in your report should remain				
confidential, but the report may otherwise be published, please note that here.				

Travel/Project Budgeted & Income & Costs: Please list all expenses of project / travel and sources of funding. Amounts expected & spent and expected & received should reflect those submitted at time of application. Figure automobile travel at the yearly IRS mileage reimbursement rate plus parking and tolls.

EXPENSES	Description (e.g. Airfare round trip)	Amount expected & spent at time of application, in total	Amount <i>actually</i> spent, in total
Airfare		\$	\$
Bus/train		\$	\$
Cabs		\$	\$
Automobile		\$	\$
Luggage Fees		\$	\$
Event Registration		\$	\$
Lodging		\$	\$
Supplies		\$	\$
Project Costs		\$	\$
Other (list):		\$	\$
		\$	\$
		\$	\$
	TOTAL Expenses		

INCOME	Description (e.g. Fund-raising event at my Meeting)	Amount expected & actually received, at time of application, in total	Amount <i>actually</i> received or used, in total
Applicant		\$	\$
This Grant		\$	\$
Individual Contributions		\$	\$
Monthly Meeting		\$	\$
Other (list):		\$	\$
		\$	\$
		\$	\$
	TOTAL Income		

Budget Description & Notes (optional)							

Required Documents

For travel grants, please attach receipts (or other comparable documentation) documenting the costs of your travel. The cost of gas is figured into the automobile travel mileage reimbursement rate, and does not require separate documentation; receipts for parking and tolls are needed. If you submitted receipts (or other documentation) at the time of your application, you do not need to provide duplicate copies with your report.

If you are submitting photographs as part of your report, please send only jpg-formatted photographs by email to Grants@pym.org, and please clearly state that PYM may publish those photographs. Photographs of your project are encouraged and welcome, but are not required.

Please submit your completed Application with required documents via email to Grants@pym.org in MS-Word compatible or text format with subject line: Travel & Witness grant report.

We look forward to hearing from you!