

CEF Local League Projects

LWVNC, 3509 Haworth Drive, Suite 404, Raleigh, NC 27609

Phone and fax: (919) 783-5995

Project Final Report

(CEF Form #02)

Date: _____

Project Title _____

From the LWV of _____

President's signature _____

Contact person: _____

Address: _____ Phone: (H) (____) _____

_____ (W) (____) _____

(F) (____) _____

Please give a brief description of the accomplishments of this project and enclose any printed material. **Note: The Citizen Education Foundation must be credited on all publications.**

FINAL FINANCIAL REPORT

This report must have legible copies of receipts attached.

INCOME: From CEF \$ _____ **EXPENSES:** \$ _____

Local League funds \$ _____

TOTAL \$ _____

Send 1 copy of Report to CEF office. Please keep a copy for your records.

CEF Use Only

By: _____

Check # _____

Withdrawal amount approved \$ _____

Date : _____

Date _____