**Kansas Nursing Initiative**

**Professional Development Mini-Grant**

**Final Expenditure Report – FY 19**

|  |  |  |
| --- | --- | --- |
| **Final Expenditures****(Add lines as necessary)** | **Item Amount** | **Total** |
|  Faculty Professional Development |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|  Consumable Supplies |   |   |
|   |   |   |
|   |  |  |
|   |   **Total for Project** |   |

**FY19 Professional Development Award $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expenditures $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount unexpended, if any $\_\_\_\_\_\_\_\_\_\_\_\_\_, to be returned to KBOR.**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Printed Name/Title**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Signature Date**

***Due to*** vbrown@ksbor.org ***by 12/31/19***