

Department of Historic Resources			
Historical African American Cemeteries and Graves Care and Maintenance			
Reconciliation of Expenditures Form			
TO:		From:	
Angel Williams, Grant Administrator		Name	
African American Cemetery & Graves Fund		Church/Cemetery Name:	
Department of Historic Resources		Address:	
2801 Kensington Ave., Richmond, VA 23221		City, State,Zip:	
Email: aacgf@dhr.virginia.gov		Email:	
Reporting Period			
From:		07/01/2024	
To:		06/30/2025	
Beginning Balance from DHR			\$ -
Total Income from DHR			\$ -
Total Funds Available			\$ -
Date	Payee	Desrciption of Expenditure	Expenditure Amount
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Expenditures			\$ -
Total remaining funds			\$ -
Carry Forward Balance			\$ -
I certify that the above expenses were,and any carry forward balance will be expended as set forth and specified Code of Virginia section § 10.1-2211.2 subsection C.			
Name and Title			
Signature			
Date			