

Micro-Enterprise Spending Log

Individual Name:

DDS#:

Business Name:

EIN#:

Email:

Phone:

Make copies of this form as needed. All copies must be submitted to DDS.MicroEnterprise@ct.gov **13-months** after funds are received.

The Payee is the person who received the check from DDS. Your signature below indicates that you have received \$5,000 for costs associated with the Micro-Enterprise, that you spent the money, and have attached the appropriate documentation supporting the spending.

You agree to keep original receipts, cancelled checks, paid invoices and Micro-Enterprise Spending Log (s), if applicable, for three (3) years after receipt of award funds.

Payee Name:

Designated Payee's Signature:  _____ Date: ____/____/____

[illegible]