

# Micro-Enterprise Spending Log

**Individual Name:**

**DDS#:**

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

**Business Name:**

EIN#:

Emgill:

**Phone:**

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: \_\_\_\_/\_\_\_\_/\_\_\_\_