Harford County Historic Preservation Tax Credit
Itemized Expense Sheet

Historic Landmark/District :_____
Address: _____
Inventory No. _____

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
Date of Payment	Page No. reference for Invoice/receipt/ canceled checks	Payee for Item (name of contractor, company, etc.)	COA Work Item No.	Description of Expenditure	Expenditure Amount	Eligible Expense	Ineligible Expense
				SUBTOTALS (will auto-calculate):	$ 0.00		$ 0.00
				SUBTOTAL of eligible costs:		$ 0.00	
SUBTRACT Non-Personal (ineligible) Funding Sources:				Insurance Reimbursement Funds (enter value):			
				Local Government Funding (list type, i.e. grants, loans) (enter value):			
				State Government Funding (list type, i.e. grants, loans, credits) (enter value):			
				SUBTOTAL of ineligible funding sources to subtract:		$ 0.00	
				Total Qualified Rehabilitation Expenditures as submitted:		$ 0.00	