| FOR HDC USE ONL | Υ |
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HTC Number:_____

| | COLUMN 2 | COLUMN 3 | COLUMN 4 | COLUMN 5 | COLUMN 6 | COLUMN 7 | COLUMN 8 |
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| | | | | | | | |
| | Your page #(s) of | | | | | | |
| Date of | invoice / receipt | Payee for Item (name of contractor, | Part 2 Work | | Expenditure | | Ineligible |
| Payment | / check | company, etc.) | Item # | Description of Expenditure | Amount | Eligible Expense | Expense |
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| | | | | SUBTOTALS (will auto-calculate): | \$0.00 | \$0.00 | ¢0.00 |
| Part 3 Total Qualified Rehabilitation Expenditures as submitted: | | | | | | | \$0.00 00 |