

Financial Status Report

FSR077

Contract Information

Contract ID	
Financial Status Report Number	
Basis	
Payee Account Number	
Status	

Dates

Contract Begin Date	
Contract End Date	
Report Begin Date	
Report End Date	
Status Date	

Project Cost per General Ledger

(i) Budget Categories	(ii) Approved Budget	(iii) This Period	(iv) Cumulative	(v) Remaining Budget Balance (ii minus iv)
a. Personnel	\$	\$	\$	\$
b. Fringe Benefits	\$	\$	\$	\$
c. Travel	\$	\$	\$	\$
d. Equipment	\$	\$	\$	\$
e. Supplies	\$	\$	\$	\$
f. Contractual	\$	\$	\$	\$
g. Other	\$	\$	\$	\$
h. Total Direct Charges	\$	\$	\$	\$
i. Indirect Charges	\$	\$	\$	\$
j. Total Charges	\$	\$	\$	\$
Less:	k. Program Income Collected	\$	\$	\$
	l. Non-DSHS Funding	\$	\$	\$
	m. In-kind Match	\$	\$	\$

Total Reimbursement Requested		\$ <input type="text"/>	\$ <input type="text"/>	
m. Advance:	Previously Requested		Repaid	Balance Owed
	\$ <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>

Certification

I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and un-liquidated obligations are for the purposes set forth in the award documents.

Certified By	<input type="text"/> (First and last names are required.)		
Title	<input type="text"/>		
Phone Number	<input type="text"/>	EXT	<input type="text"/>
Prepared By	<input type="text"/> (First and last names are required.)		
Title	<input type="text"/>		
Phone Number	<input type="text"/>	EXT	<input type="text"/>

Comments

Comments	<input type="text"/>
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