

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	mm/dd/yyyy
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	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
b. Fringe Benefits	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
c. Travel	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
d. Equipment	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
e. Supplies	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
f. Contractual	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
g. Other	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
h. Total Direct Charges	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
i. Indirect Charges	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
j. Total Charges	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Less:	k. Program Income Collected	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	l. Non-DSHS Funding	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	m. In-kind Match	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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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