

**FORM B  
FINANCIAL STATEMENT**

Please Type all Information

Grantee \_\_\_\_\_ Agreement No. \_\_\_\_\_ Request No. \_\_\_\_\_

Agreement Title: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Federal Tax ID No: \_\_\_\_\_

Budget Categories	Total Project Budget	Total Expenditures Through Last Invoices*		This Period Expenditures Only**		Balance	Non-OCDO Project Funds Expended To Date
		From:	To:	From:	To:		
Personnel (attach time sheets)							
Fringe Benefits							
Travel (attach receipts)							
Equipment (attach receipts or lease agreement)							
Supplies (attach documentation)							
Contractual (attach invoices)							
Total Direct Charges							
Indirect Charges							
<b>Total</b>							

\* This includes funds expended from inception of the Agreement through the previous monthly reporting date.

\*\* This includes funds expended during the current reporting period only.