

**STEWART B MCKINNEY HOMELESS ASSISTANCE ACT
FINANCIAL STATUS REPORT**

FISCAL YEAR _____

LEA NAME _____

BUDGET NUMBER _____

ADDRESS _____

APPROVAL DATE _____

	TOTAL APPROVED BUDGET	CUMULATIVE EXPENDITURES	OBLIGATIONS	TOTAL EXPENDITURES AND OBLIGATIONS	BUDGET BALANCE
SALARIES					
EMPLOYEE BENEFITS					
SUPPLIES AND MATERIALS					
EQUIPMENT					
PURCHASED/ CONTRACTED SERVICES					
TRANSPORTATION					
OTHER					
GRAND TOTAL					

FUNDS RECEIVED OR REQUESTED PRIOR TO THIS REPORT _____

TOTAL CLAIMED EXPENDITURES (COLUMN E) _____

FUNDS REQUESTED THIS PERIOD _____

TOTAL FUNDS RECEIVED OR REQUESTED THRU THIS REPORT _____

I DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM HAS BEEN EXAMINED BY ME; AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS IN ALL THINGS TRUE AND CORRECT.

AUTHORIZED REPRESENTATIVE _____ **TITLE** _____ **PHONE NUMBER** _____ **DATE** _____