

SAMPLE MONTHLY REPORT AND VOUCHER



29th Year Monthly Status Report

Contract Date: 9/1/03 through 8/31/04 PO# 2003003541 Vendor # 850096791 Index Code: 150031-205200

Line Item	CDBG Budget	Prog Inc. Transfer	Budget Transfer	Revised Budget	Sep-03	Oct-03	Nov-03	Dec-03	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Available Balance	YTD Expended
Salaries	\$34,800.00	\$0.00	\$0.00	\$34,800.00													\$34,800.00	\$0.00
Fringe Benefits	\$10,000.00	\$0.00	\$0.00	\$10,000.00													\$10,000.00	\$0.00
Telephone	\$450.00	\$0.00	\$0.00	\$450.00													\$450.00	\$0.00
Utilities	\$4,000.00	\$0.00	\$0.00	\$4,000.00													\$4,000.00	\$0.00
Office Supplies	\$600.00	\$0.00	\$0.00	\$600.00													\$600.00	\$0.00
Janitorial Supplies	\$10.00	\$0.00	\$0.00	\$10.00													\$10.00	\$0.00
Total	\$49,860.00	\$0.00	\$0.00	\$49,860.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$49,860.00	\$0.00
Prj Income					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BILLED	\$49,860.00				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$49,860.00	\$0.00



Month	UNITS OF SERVICE			GOAL		# People Served	FINANCIAL STATUS			ADMIN		REPORTS DUE 10th	
	Avg Rate	Projected	Actual	YTD %	YTD		Available Balance	YTD Billed	YTD Billed %	Budget Transfers	Date Rec'd	Date Posted	Notes
Sept	8.3%	315.4		0.0%	49,860.00	-	0.0%	0.0%					
Oct	16.7%	634.6		0.0%			0.0%	0.0%					
Nov	25.0%	950.0		0.0%			0.0%	0.0%					
Dec	33.3%	1265.4		0.0%			0.0%	0.0%					
Jan	41.7%	1584.6		0.0%			0.0%	0.0%					
Feb	50.0%	1900.0		0.0%			0.0%	0.0%					
Mar	58.3%	2215.4		0.0%			0.0%	0.0%					
Apr	66.7%	2534.6		0.0%			0.0%	0.0%					
May	75.0%	2850.0		0.0%			0.0%	0.0%					
Jun	83.3%	3169.4		0.0%			0.0%	0.0%					
Jul	91.7%	3484.6		0.0%			0.0%	0.0%					
AUG	100.0%	3800.0	0.0	0.0%			0.0%	0.0%					
Total		3800.0		0.0%			0.0%	0.0%					

Fiscal Year: 1-1-02 thru 12-31-03
Audit Due by: 6-30-2004
Insurance Expires: 10-01-03

Attachment A: Payment Request

AGENCY NAME: _____ **Mo./Yr.** _____

PROGRAM NAME: _____

PREPARER'S NAME: _____ **Phone:** _____

Approved CDBG Budget	\$
CDBG Disbursements to Date	\$
PI Expended to Date	\$
Available CDBG Balance	\$

(This Request)

Budget Line Item	AMOUNT REQUESTED FOR CDBG REIMBURSEMENT
TOTAL REQUEST	
LESS CDBG FUNDS ON HAND	
LESS PROGRAM INCOME ON HAND	
NET PAYMENT REQUESTED	
PI BALANCE AVAILABLE	

Signature of Executive Director or Board President

Date

Signature of CD Staff

Date

Signature of CD Accountant

Date

Attachment B: Units of Service Report

Agency Name: _____ **Program Name** _____

Preparer's Name: _____ **Phone Number:** _____

Calendar Mo. of Report: _____ **Contract Period: 29th Year** _____

Units Directly Applicable Toward Contract		
Type of Unit	Number of Units	Number of new persons served this month: (should match column A on Ethnicity Report)
		Notes
Total for Period		

Units Directly Applicable Toward Contract		
Type of Unit	Number of Units	Number of new persons served this month: (should match column A on Ethnicity Report)
		Notes
Total for Period		

Signature of Agency Director or Board President

Date

Attachment C: Race/Ethnicity Report

Agency Name: _____ **Contract Period: 29th Year**

Program Name: _____

Preparer's Name: _____ **Phone:** _____

NOTE: Totals for the three income groups (columns B–E) should equal the total in column A. If you serve a “Presumed Benefit” clientele, write “PB” in columns C–E instead of numbers. Columns F and G should equal total in column A. Columns S and T stand alone.

Month	Total #Persons Assisted (auto totals ethnicity)	Non-Low/Mod Clients	Moderate-Income Clients (A=B+C+D+E)	Low-Income Clients (A=B+C+D+E)	Extremely Low-Income Clients (A=B+C+D+E)	Hispanic	Non-Hispanic	White	Black/African American	Asian	American Indian/Alaskan Native	Native Hawaiian/Other Pacific Islander	American Indian/Alaskan Native and White	Asian and White	Black/African American and White	American Indian/Alaskan Native and Black	American Indian/Alaskan Native and Black/African American	Other Multi-racial	Persons with Disabilities	Female Head of Household
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
SEP	0																			
OCT	0																			
NOV	0																			
DEC	0																			
JAN	0																			
FEB	0																			
MAR	0																			
APR	0																			
MAY	0																			
JUN	0																			
JUL	0																			
AUG	0																			
YTD	0		0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0

APPROVAL SLIP
(Please Approve & Forward)

M. Green – 8th Floor
R. Jones – 8th Floor
D. Riverside -
C. Monaldo – 7th Floor
M.J. Lopez – 8th Floor

Voucher Document

PayTo: Sample Spreadsheet

Today's Date	6/13/2003
Reference	May-03
Open Item #	G7128SS0022 0503
PO#	2003003541
RC#	
Budget Check:	
Approval Instance:	

Vendor #	860096791
Speed Type:	G0920
Fund:	8579
Fund:	8579
Project/Grant:	G7128SS0022
DeptID/Acct#	71150031-505200
Period:	9/1/02 through 8/31/03

PAY THIS AMT: \$3,173.96

For Internal Use Only	
Contract	Amount:
\$49,860.00	
Prog. Inc. Amount:	\$0.00
Available	Amount:
\$49,860.00	

Invoice #:	
Date of Invoice:	
PeopleSoft-Entry Date:	

Voucher #:	860096791
Date Group Assigned:	G0920
Date Posted:	8579
	8579

Approved:

CD Director