FIRST 5 SAN JOAQUIN
Itemized Budget Expenditure Report Version 5.0

Contractor Name:	
Program Name:	
Agreement Number:	
Agreement Period:	
Reporting Per/Inclusive Months:	
Assigned Fiscal Staff:	

Personnel:	**Approved Budget Amount**	***Billed this Period**	**Last Period YTD**	**Total YTD Billed**	**Budget Balance**
A.					
B.					
C.					
D.					
E.					
F.					
G.					
Subtotal Personnel:					
H. Benefits					
Total Personnel & Benefits:					
Operating Expenses:	**Approved Budget Amount**	***Billed this Period**	**Last Period YTD**	**Total YTD Billed**	**Budget Balance**
A. Rent and Utilities					
B. Communications/Phones					
C. Office Expenses					
D. Equipment Lease					
E. Equipment Purchase					
F. Travel					
G. Training/Conferences					
H. Consultants/Subcontractors (if any)					
I. Other, please describe					
Subtotal Operating:					
Indirect Expenses:	**Approved Budget Amount**	***Billed this Period**	**Last Period YTD**	**Total YTD Billed**	**Budget Balance**
Indirect Cost (15% max)					
TOTAL COSTS					

For First 5 Office Use Only

Penalty Incurred					
Adjusted Indirect /Total Budget after penalty					

TOTAL REIMBURSEMENT

Name of Fiscal Representative, or Fiscal Report Signer

Signature: Authorized Fiscal Reporting Representative ***DATE***

Name of Authorized Contract Signer, or Program Report Signer

Signature: Primary Contact ***DATE***