

	Category	Month To Date	Current Year To Date	Total Budget	Remaining Balance
1	Salaries & Wages	\$0.00	\$0.00	\$33,500.00	\$33,500.00
2	Fringe Benefits	\$0.00	\$0.00	\$4,300.00	\$4,300.00
3	Travel /Local Mileage	\$0.00	\$0.00	\$500.00	\$500.00
4	Equipment	\$0.00	\$0.00	\$1,950.00	\$1,950.00
5	Contractual (Sub- Contracts)	\$0.00	\$0.00	\$0.00	\$0.00
	Intakes	\$0.00	\$0.00	\$0.00	\$0.00
	Home Visits				
	Case Management				
6	Office Supplies	\$0.00	\$0.00	\$1,000.00	\$1,000.00
7	Patient Transportation Costs				
8	Other - Training	\$0.00	\$0.00	\$3,534.96	\$3,534.96
9	TOTAL DIRECT	\$0.00	\$0.00	\$44,784.96	\$44,784.96
10	Facilities and Administration Costs	\$0.00	\$0.00	\$15,000.00	\$15,000.00
11	TOTAL	\$0.00	\$0.00	\$59,784.96	\$59,784.96
12	Less: Fees, Collections				
	Less: In-Kind				
13	Total Expenditures for Month				
14	Total Expenditures YTD				
15	Funds Received YTD				
16	Balance Due				
17	Working Advance*				