Revised 10/07

OCJA USE ONLY ABOVE LINE

Office of Criminal Justice Assistance
Nevada Department of Public Safety
MONTHLY FINANCIAL REPORT PSN / FSI

Subgrantee:	Project No:	Report No:
Address:	Reporting Period	
	From	To
Project Title:		

STATUS OF FUNDS

1. Total expenditures previously reported _____
2. Total expenditures this period _____
3. Credits this period _____
4. Expenditures this reporting period (line 2-3) _____
5. Total expenditures to date (line 1 + 4) _____
6. Federal expenditures (line 5) _____
7. Total Federal funds authorized _____
8. Unobligated balance of Federal funds (line 7-6) _____

BUDGET SUMMARY

Category	Budgeted Amounts	Previously Reported	Current Period Expenditures	Total Reported	Total Remaining
Personnel				0	$ -
Consultants/Contracts				0	$ -
Travel / Training				0	$ -
Supplies/Operating				0	$ -
Confidential/Buy Funds				0	$ -
Equipment				0	$ -
TOTALS	0	0	0	0	0

			Previously Reported	Current Period Expenditures	Total Reported
Funds Contributed by Agency	*				

* These figures should not be included in any other tables on this claim form.

Total Federal funds requested on this claim $

I certify that to the best of my knowledge and belief, this report is correct and complete and that all

Signature of Authorized Subgrantee Official   Title   Date

Form: NAC.003