



PROVIDER FINANCIAL STATUS REPORT

PROVIDER NAME:	PROGRAM:	
AGREEMENT PERIOD:	REPORT PERIOD:	DATE PREPARED:

CATEGORY		EXPENDITURES		AGREEMENT	
		Current Period	Agreement YTD	Budget	Balance
1	Salaries & Wages				\$0.00
2	Fringe Benefits				\$0.00
3	Travel				\$0.00
4	Supplies & Materials				\$0.00
5	Contractual (Sub-Contracts)				\$0.00
6	Equipment				\$0.00
7	Other Expenses				\$0.00
8	TOTAL DIRECT	\$0.00	\$0.00	\$0.00	\$0.00
9	Indirect Costs: Budget %				\$0.00
10	Other Cost Distributions				\$0.00
11	TOTAL EXPENDITURES	\$0.00	\$0.00	\$0.00	\$0.00

SOURCE OF FUNDS					
12	State Agreement				\$0.00
13	Local				\$0.00
14	Federal				\$0.00
15	Other				\$0.00
16	Fees & Collections				\$0.00
17	TOTAL FUNDING	\$0.00	\$0.00	\$0.00	\$0.00

CERTIFICATION: I certify that I am authorized to sign on behalf of the local PIHP and that this is a true and correct statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature:	Date:	Title:
Contact Person Name:	Telephone Number	

FOR OFFICE USE ONLY

FORM SHOULD BE SENT TO CONTRACT DEPARTMENT

Contract Department Initial Receipt

Contract Department Sent to _____ (Department)

Contract Review by _____ (Staff)

Return to Contract Department

Contract Department Final Receipt (for processing)