

# Foundation for Community Health Budget Expense Reporting Form

Name of Organization: \_\_\_\_\_

Interim Report                       Final Report

I.        **Program Budget**                      Fiscal Period: \_\_\_\_\_ to \_\_\_\_\_

	<b>Total Amount Funded by FCH</b>	<b>Interim Expense Report date:</b> _____	<b>Interim Expense Report date:</b> _____	<b>Interim Expense Report date:</b> _____	<b>Final Expense Report date:</b> _____
<b>Program Expenses:</b>					
<i>Personnel Expenses:</i> list all staff involved in program and indicate position title, salary and % of FTE					
Name: Position: \$_____ hr or yr , ___ % FTE					
Name: Position: \$_____ hr or yr , ___ % FTE					
Fringe @ ___ %					
Agency Sub-Contracts					
Consultants					
<b>Total Personnel Expenses</b>					
<b>Operating Expenses</b>					
Stipends					
Equipment					
Postage/Telephone					
Printing/Copying					
Travel/Lodging					
Supplies/Material					
Rental Facilities					
Indirect Costs (___%)					
<b>Total Operating Expenses</b>					
<b>Total Program Expenses</b>					

*NOTE: Please enter the approved line items and budget figures found in the contract.*

