

PROJECT INFORMATION			
Grantee Name:		Grant Number:	
Project Title:		Prepared By:	
Reporting Period:		Phone:	
Payment Type:		Request Number:	

ADVANCE BALANCE				
Column A.1 Original Advance	Column A.2 Previous YTD Expenses	Column A.3 This Request Applied	Column A.4 YTD Expenses	Column A.5 Advance Balance
\$ -	\$ -	\$ -	\$ -	\$ -

EXPENDITURES						
Line Item	Column B Approved Budget	Column C Prior YTD Expenses	Column D This Request	Column E YTD Expenses	Column F Apply Advance	Column G Award Balance
<b>1. Personnel</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
A. Salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(1) Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(2) Analyst	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(3) Prosecution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(4) Investigation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(5) General Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Overtime	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>2. Supplies &amp; Operating</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
A. Building Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Telecommunications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
C. Office Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
D. Computer & Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
E. Supplies & Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
F. Uniforms	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
G. Vehicle Supplies & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H. Office Equipment & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
I. Registration Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
J. Membership Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
K. Community Education	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
L. Investigative Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M. Training/Meeting Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>3. Training</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
A. Conference Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Training Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
C. Other Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>4. Equipment</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
A. Office Equipmnet	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Enforcement Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
C. Computer Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>5. Consulting Services</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
A. Consulting Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>6. Grant Administration</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Payment Request (Column D minus Column F):</b>			<b>\$ -</b>			

CERTIFICATION			
I certify that the content of this form is accurate and can validate that the appropriate documentation will be available during Onsite Evaluations and retained for the required time as specified in the grant agreement. I also certify that I am authorized to submit this form.			
Financial Officer's Signature	Date	Project Director's Signature	Date

APPROVAL			
CATPA Grant Manager	Date	CATPA Director	Date