



Budget Report

Grantee Name: _____ Project Number: _____
 Project Name: _____ Contract Number: _____
 Reporting Period: _____

Instructions: List all ADFP expenditures for this reporting period only. If no expenses have been incurred, please indicate such. Funds, up to 10%, can be moved within the approved line items without prior approval. Any amount above 10% will require prior approval of the Budget Manager. No new line items will be allowed without prior approval of the Project Administrator and the Budget Manager.

ADFP Funds Report

Expenditure Categories	Beginning Balance	ADFP Funds Spent	Current Balance
306 Consultant & Specialized Services			
303 Equipment			
304 Travel			
318 Special Program Supplies			
319 Workshop and Conferences			
307 Personnel/Administrative			
308 Office Supplies			
309 Printing and Binding			
310 Promotional Materials			
Total Expenditures			
Current Balance			

Matching Funds Report

Instructions: Please list all matching funds received for this project during this reporting period. For personnel services provide the rate of pay and number of hours worked. Please attach supporting documentation such as time sheets, copies of checks, invoices, or other billing documents that verify expenses. (See www.ncadfp.org for more details on documentation.)

Source of Funding	Amount of Match	Cash (C) or In-Kind (IK)	Cost per unit and Number of units (if applicable)	Description of Expenditures	Notes
<i>Example:</i>					
Richland County	\$ 700	IK	\$10/hr for 70 hours	administrative	
ABC Conservancy	\$ 2,000	C	N/A	survey	

Grantee Finance Signature: _____ Date _____

ADFP Signature: _____ Date _____