



Travel \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Conferences, Conventions and Meetings \_\_\_\_\_  
 Interest \_\_\_\_\_  
 Purchase of Capital Assets – Vehicles  
 and Equipment \_\_\_\_\_  
 Purchase of capital Assets – Property  
 and Buildings \_\_\_\_\_  
 Loan Payments \_\_\_\_\_  
 Other \_\_\_\_\_  
**Total Disbursements** \$ \_\_\_\_\_ (B)

**Cash Receipts Less Disbursements for  
 the fiscal Year (A-B=C)** \$ \_\_\_\_\_ (C)

**Cash Balance - at the beginning of the  
 fiscal year** \$ \_\_\_\_\_ (D)

**Cash Balance - at the end of the fiscal  
 year (C+D=E)** \$ \_\_\_\_\_ (E)

**Details of Cash Balance - at the end of  
 the fiscal year**

Cash on Hand \$ \_\_\_\_\_  
 Cash in Bank – Checking \_\_\_\_\_  
 Cash in Bank – Savings Accounts \_\_\_\_\_  
 Cash in Bank – Certificates of Deposits \_\_\_\_\_  
 Other Cash \_\_\_\_\_  
**Total Cash - at the end of the fiscal year** \$ \_\_\_\_\_ (E)

**Please Explain Proposed Use of the Financial Assistance from Local Governments.**

I certify that this report accurately presents the cash receipts, disbursements, and balances of the \_\_\_\_\_ for the fiscal year noted above.

Name of Nonprofit Organization

**Person Preparing Report** \_\_\_\_\_  
 Printed Name Signature

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_ Date \_\_\_\_\_