

STATE OF NEVADA  
 STATE HISTORIC PRESERVATION OFFICE  
 NATIONAL PARK SERVICE SUBGRANT  
**FINANCIAL REPORT FORM**

<b>Subgrantee:</b> _____ <b>Address:</b> _____ <b>Project Title:</b> _____	<b>Subgrant No.</b> _____  <p style="text-align: center;"><b>Report Period</b></p> From: _____ To: _____
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	<b>TOTAL</b>
1. Total expenditures previously reported.	
2. Total expenditures this period	
3. Credits this period	
4. Expenditures this reporting period (Line 2-3)	
5. Total expenditures to date (Line 1+4)	
6. Less non-federal share of expenditures (Match)	
7. Federal share of expenditures (Line 5-6)	
8. Total federal funds authorized	
9. Unobligated balance of federal funds (Line 8-7)	

**BUDGET SUMMARY**

Category	Budgeted Amounts	Previously Reported	Current Period Expenditures	Total Reported
<b>Personnel</b>				
<b>Consultant/Contracts</b>				
<b>Travel</b>				
<b>Supplies/Operating</b>				
<b>Equipment</b>				
<b>Training</b>				
<b>Other</b>				
<b>Match</b>				
<b>Total Federal Funds Requested on this Claim</b>				

I certify that to the best of my knowledge and belief, this report is correct and complete and that all expenditures and unpaid obligations are for the purposes set forth under the terms of the approved project.

Signature of Authorizing Subgrantee Official	Date	Title
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