

**QUARTERLY EXPENDITURES AND FINANCIAL STATUS REPORT
 FORM A-7**

Please email the completed form to DAC-Grants@dac.state.ok.us.

Name and Address of Subgrantee:

Type of Report:

Progress

Final

Subgrant #/Activity #: _____

Award Period (month, day, year):

From

To

Federal Award Status

Award Amount \$ _____

Cash Received \$ _____

Balance \$ _____

This form must be received by DAC on the 15th of the month following the end of the quarter

Quarter Ending:

Check appropriate quarter:

March 31

September 30

June 30

December 31

Budget Category	Approved Budget		Expenditures Beginning of Qtr.		Expenditures this Quarter		Expenditures To Date		Unpaid Obligations	
	Grant	Match	Grant	Match	Grant	Match	Grant	Match	Grant	Match
Personnel										
Benefits										
Equipment										
Travel										
Supplies / Operating Exp.										
Contractor / Consultants										
Facilities / Equip. Rental										
Other										
TOTAL										

Cash Balance of Federal Funds

Cash Balance Beginning of Quarter \$ _____
 Receipts During Quarter \$ _____
 Expenditures During Quarter \$ _____
 Cash Balance End of Quarter \$ _____

Revised 10/31/2017

CERTIFICATION: I certify that to the best of my knowledge that this report is correct and all expenditures and unpaid obligations are for the purposes set forth in the contract award.

Report Prepared By _____

Date _____

Phone _____