

GCCCD
REPORT ON RESTRICTED PROGRAMS
Support for Claim and Routing for Signatures

General Information

Program/Grant Name _____

Contact _____
 Name Phone #

Report Period

_____ date _____ interim or final

Allocation

Explanation of expense shown on report:	
YTD Actual Expense <i>(List by Keycode & attach reports)</i>	Amounts
Cost Center	
_____	_____
_____	_____
_____	_____
Total IFAS	\$ _____ -
Less Expenses claimed prior year	
_____	_____
_____	_____
Plus Encumbrances in process	
_____	_____
_____	_____
_____	_____
Other Adjustments (Indirect, Benefits, other)	
_____	_____
_____	_____
_____	_____
_____	\$ _____ -
TOTAL Reconciled Amount	\$ _____ -

Total Claim _____

Comments/ Mailing info

Due Date **College** _____

Review & Approval complete:

Manager/Coordinator _____
 VPSS or VPAA/ VPI _____
 VP Admin/ Assoc VC _____
 VC-District Review _____