



IDJC Assessment Center Grant Carryover/Advance Tracking

Project Name: _____

Project Number: _____

Advance/Carryover Amount: \$ _____ Advance Remaining: \$ _____

Funds were spent in the amount of: \$ _____

During: FY 24: Q4 FY 25: Q1, Q2, Q3, Q4 (circle one)

Date Paid	Payee(s) Combine Payees If More Than One In A Category	Amount Paid	Category
		\$	Rent
		\$	Equipment
		\$	Training
		\$	Travel
		\$	Utilities
		\$	Contracts
		\$	Personnel
		\$	Furnishing
		\$	Transport
		\$	Other

Summary of Attached Copies Must Equal Amount of Request

I hereby certify that the amount reported is documented by the attached expenditure copies.

Project Director's signature Date

Financial Officer's signature Date