

# NORTHERN SIERRA AIR QUALITY MANAGEMENT DISTRICT

## MONTHLY/QUARTERLY FINANCIAL REPORT

Please provide the following information:

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER/EMAIL: \_\_\_\_\_ / \_\_\_\_\_

REIMBURSEMENT MONTH/QUARTER: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

### FISCAL INFORMATION

1 Total project amount: \$ \_\_\_\_\_

2. Amount of funds requested this report, if any: \$ \_\_\_\_\_

3. Amount of funds expended to date: \$ \_\_\_\_\_

4. Amount of funds anticipated next 90 days: \$ \_\_\_\_\_

5. Total amount of funds expended: \$ \_\_\_\_\_  
(Add line 2 and 3)

6. Remaining balance: \$ \_\_\_\_\_  
(Subtract line 5 from line 1)

PROJECT STATUS: \_\_\_\_\_

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