

WEST VIRGINIA DIVISION OF JUSTICE & COMMUNITY SERVICES	FINANCIAL RECAP PAGE
GRANTEE:	PROJECT #
PREPARED BY:	MONTH:

PERSONNEL/CONTRACTUAL CALCULATION

NAME _____
Total Salary/Wages \$ _____
Total Fringe Benefits \$ _____
(%) FICA \$ _____
(%) W/C \$ _____
(%) U/C \$ _____
TOTAL \$ _____

HLTH INSURANCE \$ _____
LIFE INSURANCE \$ _____
RETIREMENT \$ _____
OTHER \$ _____

NAME _____
Total Salary/Wages \$ _____
Total Fringe Benefits \$ _____
(%) FICA \$ _____
(%) W/C \$ _____
(%) U/C \$ _____
TOTAL \$ _____

HLTH INSURANCE \$ _____.
LIFE INSURANCE \$ _____.
RETIREMENT \$ _____.
OTHER \$ _____.

NAME _____
Total Salary/Wages \$ _____
Total Fringe Benefits \$ _____
(%) FICA \$ _____
(%) W/C \$ _____
(%) U/C \$ _____
TOTAL \$ _____

HLTH INSURANCE \$ _____.
LIFE INSURANCE \$ _____.
RETIREMENT \$ _____.
OTHER \$ _____.

TOTAL PERSONNEL/CONTRACTUAL CHARGED TO GRANT THIS MONTH \$ _____

TRAVEL/TRAINING CALCULATION

Name(s)	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL TRAVEL/TRAINING CHARGED TO GRANT THIS MONTH \$ _____

SPACE CALCULATION

_____	\$ _____
_____	\$ _____

TOTAL SPACE CHARGED TO GRANT THIS MONTH \$ _____

OTHER CALCULATION

Explanation/Purchases	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL OTHER CHARGED TO GRANT THIS MONTH \$ _____

TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT THIS MONTH (Should match the total amount requested on front reimbursement page)	\$ _____
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* Use additional sheets as necessary.