

## PROGRAM BUDGET REPORT Period Ending \_\_\_\_\_

**AGENCY/ORGANIZATION:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_

### Program Revenue

Revenue	Project Budget	GMJSS Grant	Revenue this Report Period
<b>Golden Manor Jewish Senior Services</b>	\$	\$	\$
Donations	\$	\$	\$
Participant Fees	\$	\$	\$
Other Funding Sources (please list)	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total Revenue</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

### Program Expenses

Expense	Project Budget	GMJSS Grant	Expenses this Report Period
Financial Assistance / Scholarships	\$	\$	\$
Salaries	\$	\$	\$
Training	\$	\$	\$
Transportation (for Seniors)	\$	\$ 0 (PLEASE REPORT SEPARATELY)	
Travel Costs (for Staff)	\$	\$	\$
Supplies	\$	\$	\$
Food and Meals	\$	\$	\$
Occupancy Costs	\$	\$	\$
Equipment Purchases / Rental	\$	\$	\$
Printing & Promotion	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total Program Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Please attach additional pages/reports that reflect the year-to-date revenue and expenses.