Indiana Criminal Justice Institute
JUVENILE JUSTICE
Final Financial Report

Please See Reverse Side For Instructions

1. **GRANT NUMBER** _____ 2. Project Period _____

3. Reporting Agency: _____

4. Report Number ___ for quarter ending _____ 3/31 _____ 6/30 _____ 9/30 _____ 12/31

5. Report of Expenditures by Budget Category ***(Include only approved grant funds)***

CATEGORY	APPROVED BUDGET	THIS QUARTER EXPENDITURES	TOTAL EXPENDITURES	UNPAID OBLIGATIONS	BALANCE
PERSONNEL	$	$	$	$	$
CONTRACTUAL SERVICES	$	$	$	$	$
TRAVEL	$	$	$	$	$
EQUIPMENT	$	$	$	$	$
OPERATING EXPENSES	$	$	$	$	$
CONSTRUCTION	$	$	$	$	$
TOTAL	$	$	$	$	$

6. Report of Expenditures by Source

FEDERAL FUNDS	$	$	$	$	$
STATE FUNDS	$	$	$	$	$
LOCAL FUNDS	$	$	$	$	$
TOTAL	$	$	$	$	$

7. Total Project Income ***(Should not be included in items number 5 and 6.)*** [a+b-c=d]

a. Forfeiture $ _____ c. Expended $ _____

b. Other $ _____ d. Balance $ _____

The above information is true and justified. The supporting documentation is on file with this office. All expenses are consistent with the federal guidelines and the terms of the grant application.

_____ _____

PROJECT DIRECTOR ORIGINAL SIGNATURE FISCAL OFFICER ORIGINALSIGNATURE