

Kauai County Housing Agency
Pi'ikoi Building
4444 Rice Street, Suite 330
Lihue, Hawaii 96766
(808) 241-4444

STATEMENT OF EXPENDITURES

For the Period of: _____

Project Name: _____

Contract No: _____

Name: _____

Phone: _____

Address: _____

Request No: _____

Contract Amount: \$ _____

Last Drawdown (D/D): \$ _____

Cumulative D/D to Date: \$ _____

D/D This Period: \$ _____

Account Balance: \$ _____

Project Income This Period: \$ _____

Project Income to Date: \$ _____

ADMINISTRATIVE COSTS

SALARIES \$ _____
\$ _____
\$ _____

\$ _____ Total Administrative

OPERATING COSTS

Utilities \$ _____
\$ _____
\$ _____
\$ _____

\$ _____ Total Operating

OTHER

\$ _____
\$ _____
\$ _____
\$ _____

\$ _____ Total Other

\$ _____ Total Expenses

\$ _____ Less Project Income

\$ _____ TOTAL NET EXPENSES

Comments/Remarks:

CERTIFICATION: I hereby certify that services for which expenses have been reported have been performed and are valid and consistent with the terms of the agreement. I further certify that the attached documentation (time sheets, invoices, billings and receipts) are either originals or true and correct copies of the originals.

Name (Type or Print)

Title

Signature

Date