

STOP VIOLENCE AGAINST WOMEN GRANT PROGRAM	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 STOP VAWA THIS MONTH \$ _____

TRAVEL/TRAINING CALCULATION

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

TOTAL TRAVEL/TRAINING CHARGED TO STOP VAWA THIS MONTH \$ _____

SPACE CALCULATION

_____ \$ _____
_____ \$ _____

TOTAL SPACE CHARGED TO STOP VAWA THIS MONTH \$ _____

“OTHER” CATEGORY CALCULATION

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

TOTAL “OTHER” CHARGED TO STOP VAWA THIS MONTH \$ _____

TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT THIS MONTH (Should match the total amount requested on front reimbursement page)	\$ _____
---	----------

* Use additional sheets as necessary.