



Service Representative Grant Financial Report

For Period Ending: _____

| Description of Disbursements | VVA Grant | State Council Share | Total |
|----------------------------------|-----------|---------------------|-------|
| Salaries (full time employee(s)) | _____ | _____ | _____ |
| Benefits | _____ | _____ | _____ |
| Salaries (part time employee(s)) | _____ | _____ | _____ |
| Benefits | _____ | _____ | _____ |
| Office Supplies | _____ | _____ | _____ |
| Telephone | _____ | _____ | _____ |
| Travel | _____ | _____ | _____ |
| Training | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | TOTAL | _____ |

Verification and Certification

The undersigned officers of Vietnam Veterans of America State Council of _____ certify that we have read the forgoing Service Representative Grant financial report and to the best of our knowledge and belief certify that the information contained herewith is true correct and complete.

Name/Title

Name/Title

Date: _____

Date: _____

Signature

Signature