State of New Jersey, Department of Law & Public Safety, Division of Alcoholic Beverage Control Detailed Cost Statement

Grant Program: Subgrant No.:							Report Number:		
Project Title:	Subgrant Period:								
Subgrantee Name:					Dates C	overed in This Report	From:		
Vendor ID No.							To:		
Section A - Activity									
Budget Categories	Column 1		Column 2		Column 3		Column 4		
	Approved Project Budget Subgrant Funds Match		Expenditures This Report Subgrant Funds Match		Year To Date Expenditures Subgrant Funds Match		Unpaid Obligations Subgrant Funds Match		
Salaries and Wages	Subgrant Funds	Match	Subgrant Funds	Match	Subgrant Funds	Waten	Subgrant Funds	Match	
Fringe Benefits									
Contractual									
Travel									
Consumable Supplies									
Other									
Equipment									
Indirect Costs									
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Section B - Summary of Activity Since Last Report			Subgrant Funds	Match		Section C - For Federal Subgrantees Only Federal CFDA Number: Federal Award Number:			
1. Balance (Line 5, previous report)									
2. ADD: Subgrant Funds Received	l/Match Provided]				
3. Subtotal: Available Funds			\$ -	\$ -		Remarks:			
4. DEDUCT: Expenditures (Totals Column 2)			\$ -	\$ -					
5. Balance for This Report			\$ -	\$ -					
6. Funds Requested From ABC Th	is Report]				
The signatures below certify the co	osts reflected in this repo	ort are valid and cons	sistent with the terms	of the grant.					
Project Director Signature:	•			-	Financial Officer Sig	nature:			
Date:	_			•	Date:				
Section D - For ABC Use ONLY Total Subgrant Award DEDUCT: YTD Subgrant Funds Forwarded DEDUCT: Funds to be forwarded by ABC DEDUCT: Cash forwarded, not received			, A	pproved by (initials): Date: Remarks			ABC Fiscal Posted:		