

Northern Community & School Recreation Coordinator Program



FINANCIAL REPORT

SCHOOL: _____

EMPLOYER: _____

REPORTING DATE (as of): _____

TOTAL GRANT AMOUNT: _____

TERMS OF EMPLOYMENT (September 1st– August 31st)

CSRC Name(s)	Start Date	End Date (if applicable)

EXPENDITURE DETAIL

Total Coordinator(s) Wages, Benefits & Remittance \$ _____

Salary \$ _____

Benefits/Remittance \$ _____

Total CSRC Training and Professional Development \$ _____

Total Program Supply & Leadership Expenditures \$ _____

TOTAL EXPENDITURES \$ _____

In order to receive a full final payment there must be eligible expenses that meet or exceed the total grant amount.

Other Revenue	Amount (\$)
Community and/or School Contributions	
In-Kind	

AUTHORIZATION

Employer Representative (signature)

Supervisor (signature)

Name, Title & Phone Number for Employer Representative

Community Partner (signature)

Submit along with a copy of the General Ledger and/or Expense Listing Summary

FAX OR MAIL no later than October 31st to:

Northern Sport, Culture & Recreation District - Fax: (306) 425-4036 - Box 1097 La Ronge, SK S0J 1L0