



This information should be completed and submitted by each grantee receiving at least \$25,000 but less than \$500,000 in total state grant funds.

Date: _____

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Project Name / Location: _____
 Rail Fiscal Number: _____ WBS: _____
 Contractor: _____
 Railroad Contact: _____
 Grant Period: _____

Schedule of Receipts and Expenditures (≥ \$25,000 but < \$500,000)

Each grantee receiving at least \$25,000 should complete the basic information requested here relative to the organization, as well as the accounting for State funds received, used or expended.

1. Organization:	
Organization Name:	
Tax Identification #:	
Organization Fiscal Year End: (mmdyyyy)	
Mailing Address (street, city, state, zip code):	
Phone Number (area code + number):	
Fax Number (area code + number):	
Contact Person:	
Contact Person Title:	
E-Mail Address:	

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
NCDOT Rail Division		
b. Expenditures		
Category	Dollar Amount	
Personnel		
Contracted Services		
(a) Total Personnel/Contracted Srvcs Costs:		
Office Supplies & Materials		
Service Related Supplies		
(b) Total Supplies & Material Costs:		
Travel		
Communications & Postage		
Utilities		
Printing & Binding		
Repair & Maintenance		
Meeting/Conference Expense		
Employee Training (no travel)		

If there are any questions, please contact the state agency that provided your grant. If needed, you may contact the Office of State Budget and Management:

NCGrants@osbm.nc.gov
 (919) 807-4795



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Classified Advertising	
In-State Board Meeting Expenses	
(c)Total Non-Fixed Operating Expense:	
Office Rent (Land, Buildings, etc.)	
Furniture Rental	
Equipment Rental (Phones, Computers, etc.)	
Vehicle Rental	
Dues & Subscriptions	
Insurance & Bonding	
Books/Library Reference Materials	
Mortgage Principal, Interest and Bank Fees	
(d)Total Fixed Charges & Other Expenses:	
Buildings & Improvements	
Leasehold Improvements	
Furniture/Non-Computer Equip., \$500+ per item	
Computer Equipment/Printers, \$500+ per item	
Furniture/Equip., under \$500 per item	
(e)Total Property & Equipment Outlay:	
Purchase of Services	
Contracts with Service Providers	
Stipends/Scholarships/Bonuses/Grants	
(f)Total Services/Contracts:	
Food	
Other (provide description here): _____	
(g)Total Other Expenses:	
Total Expenditures (sum a through g)	

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	
End of the year cash balance	

If there are any questions, please contact the state agency that provided your grant. If needed, you may contact the Office of State Budget and Management:

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Contractor: _____
Railroad Contact: _____
Grant Period: _____

NOTE: If total receipts, expenditures, beginning or ending unexpended grant balance available for expenditures is \$500,000 or more, an audit is required by G.S. 143C-6-23.

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