



FINANCIAL REPORT FORM #3

HAITI TWINNING – CATHOLIC DIOCESE OF RICHMOND
INTERIM FINANCIAL REPORT FORM

Project Name: _____

Haitian Twin: _____ Location: _____

Haiti Contact Person: _____

Time frame for report:

Start: _____ End: _____

Project activities in this period:

Obstacles encountered in this period (if any):

Changes made to plan in this period (if any):

Technical assistance needed:

INTERIM FINANCIAL REPORT FORM

Financial Report (receipts attached):

Expenditure category	This Period	Entire Project to Date	Projected for Next Period
TOTAL			

Fund Request Reconciliation:

1. Funds on hand at beginning of reporting period	
2. Funds requested for the next reporting period	
3. Total funds available during reporting period (1.plus 2.)	

Haitian Twin:

Name

Date

Richmond twin:

Name

Date