

CASH FLOW REPORT

Name	Address
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Applicant Fiscal Year From _____ To _____ Actual Data for _____ Months Ended _____	County	State & Zip Code
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(1)	PRIOR YEAR ACTUAL (2)	ANNUAL BUDGET (3)	CURRENT QUARTER (4)	YEAR TO DATE (5)	
General Account					
Beginning Cash Balance					
Cash Receipts					
Interest Income					
Loan Proceeds					
Other					
Total Cash Available (A)					
Cash Outflow					
Operating Expenses					
Loan Payments (P&I)					
Construction Expenses					
Transfer to Reserve Account					
Other Transfers					
Total Cash Outflow (B)					
Ending Cash Balance (C)					
(A – B) (General Account)					
Other Fund Balances					
Reserve Account					
Funded Depreciation					
Other Investments					
Other					
Total Other Fund Balances (D)					
Total Balances – All Funds (C + D)					

<i>Budget approved by Governing Body, certified correct (Appropriate official)</i>	Date
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Position 3

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0120. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.