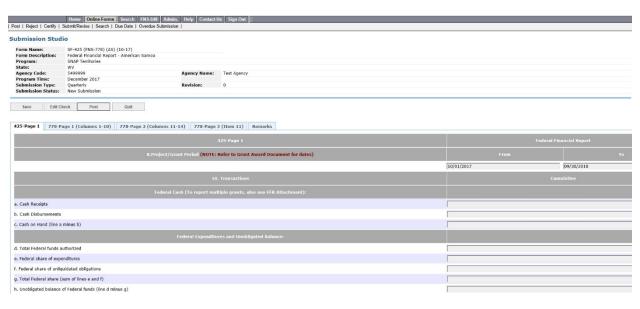
## SF-425 778AS



i. Total recipient share required						
. Recipient share of expend	itures					
k. Remaining recipient share	e to be provided (line i minus j)					
. Total Federal share of program income earned						
m. Program income expended in accordance with the deduction alternative						
n. Program income expended in accordance with the addition alternative						
o. Unexpended program income (line I minus line m or line n)						
	a. Type	b. Rate		Period To		e. Amount Charged
	V					
	~					
g. Totals:						

11. Indirect Expense						
	Period To	d. Base	e. Amount Charged	f. Federal Share		

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Post   Reject   Certify	Submit/Revise   Search   Due Date   Overdue Subm	ission				
Submission Stud	io					
Form Name:	SF-425 (FNS-778) (AS) (10-17)					
Form Description:	Federal Financial Report - American Samoa					
Program:	SNAP Territories					
State:	WV					
Agency Code:	5499999	Agency Name:	Test Agency			
Program Time:	December 2017					
Submission Type:	Quarterly	Revision:	0			
Submission Status:	New Submission					
Save Edit Ct	eck Post Quit					
425-Page 1 778-Page 1	age 1 (Columns 1-10) 778-Page 2 (Columns	778-Page	3 (Item 11) Remarks			

s. Net outlays previously reported							
. Total outlays this report period							
Less: Program income credits							
l. Net outlays this report period (Line b minus line c)							
. Net outlays to date (Line a plus line d)							
Less: Non-Federal share of outlays							
, Total Federal share of outlays (Line e minus line f)							
. Total unliquidated obligations							
Less: Non-Federal share of unliquidated obligations shown on line h							
. Federal share of unliquidated obligations							
. Total Federal share of outlays and unliquidated obligations							
Total cumulative amount of Federal funds authorized							
. Unobligated balance of Federal funds							

7.EBT Issuance	8.Nutrition Education	9.Employment and Training	10.Subtotal

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Submission Studio							
Form Name: Form Description: Program:	SF-425 (FNS-778) (AS) (10-17) Federal Financial Report - American Samoa SNAP Territories						
State:	WV						
Agency Code: Program Time:	December 2017	ncy Name: Test Agency					
Submission Type: Submission Status:	Quarterly Rev	ision: 0					
Save Edit Cl	heck Post Quit						
425-Page 1 778-P	778-Page 2 (Columns 11-14)	778-Page 3 (Item 11) Remarks					
	10. Status of Funds	11.4	Benefits	12.Subtotal			
a. Net outlays previous	ly reported						
b. Total outlays this rep	port period						
c. Less: Program incom	e credits						
d. Net outlays this repo	rt period (Line b minus line c)						
e. Net outlays to date (	Line a plus line d)						
f. Less: Non-Federal sha							
20	of outlays (Line e minus line f)						
h. Total unliquidated ob							
	are of unliquidated obligations shown on line h						
j. Federal share of unliq							
	of outlays and unliquidated obligations						
	unt of Federal funds authorized						
m. Unobligated balance	of Federal funds						
	13.Disaster Costs & Benefit	5		14.Grand Total			

13.Disaster Costs & Benefits	14.Grand Total

