

Department of Neighborhood Empowerment

Cash Request for the Month/Year:

NC NAME:

Budget Fiscal Year:



CASH STATUS SUMMARY					
Number	Budget Category	Budget (A)	Cash Received to Date (B)	Cash Request for the Month (C)	Budget Balance Available (D) (A - B - C)
100	Operations				
200	Outreach				
300	Community Improvement				
400	NPG				
500	Elections				
	TOTAL	0	0	0	0

Less Cash Balance From Prior Month

Approved Cash Release by Empowerment

NEIGHBORHOOD COUNCIL CERTIFICATION			
We hereby certify under penalty of perjury under the laws of the State of California that this Cash Request, and its supporting financial records, are true in all respects. We also understand that allowability of cash requested is subject to final acceptance by the Department of Neighborhood Empowerment.			
Treasurer Signature		Signer's Signature	
Print Name		Print Name	
Date		Date	
NC Additional Comments			

DEPARTMENT USE ONLY	
FUNDING PREPARER'S NAME & SIGNATURE	DATE
FUNDING DIRECTOR'S NAME & SIGNATURE	DATE
Department Staff - Additional Comments	

Approved ☐ \$

Amended ☐ \$

Denied ☐