

**United South and Eastern Tribes Inc.**  
**Diabetes Program Financial Status Report**

1. Recipient Tribe: \_\_\_\_\_

2. Contract number: \_\_\_\_\_

3. Report submitted: **Grants for Special Diabetes Program for Indians**

4. Report submitted to: \_\_\_\_\_

5. Tribe Federal ID# \_\_\_\_\_

6. Final Report: Yes \_\_\_ NO \_\_\_      7. Basis: Cash \_\_\_ Accrual \_\_\_

8. Grant Period: From:    To:

9. Period covered by this report: From: \_\_\_\_\_ To: \_\_\_\_\_

10. Expenditures:

- a) Salaries, Wages & Fringe Benefits \$ \_\_\_\_\_
- b) Consultant Costs \$ \_\_\_\_\_
- c) Equipment \$ \_\_\_\_\_
- d) Supplies \$ \_\_\_\_\_
- e) Patient care / education \$ \_\_\_\_\_
- f) Travel \$ \_\_\_\_\_
- g) Other: space costs, etc \$ \_\_\_\_\_

Total Expenditures for this report period \$ \_\_\_\_\_

11. Expenditures Record: for funding period	Cumulative Expenditures Prior Report	Expenditures Current Report	Expenditures Cumulative
	\$ _____	+ \$ _____	= \$ _____

Cash on hand beginning of reporting period	\$ _____
Cash Receipts	\$ _____
Total Cash Available	\$ _____
Less Expenditures (Current Period)	\$ _____
Cash on hand end of reporting period	\$ _____

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the Grant or agreement.

Signature \_\_\_\_\_ Date report Submitted \_\_\_\_\_  
 Typed or Printed name and Title \_\_\_\_\_  
 Telephone: (Area code, number and extension) \_\_\_\_\_