

**COUNTY OF SANTA CLARA / OFFICE OF AFFORDABLE HOUSING / HCD
CASH CONTROL RECORD**

Invoice # _____

Agency Name: _____ Project Name: _____ Project No. _____

Funding Source: _____ FOR THE PERIOD OF: _____

CATEGORY	BUDGET FOR THE YEAR	EXPENDITURES			AVAILABLE BALANCE
		Prior Period	CURRENT PERIOD	YEAR TO DATE	
SALARIES					
Personnel					
Benefits					
OFFICE EXPENSES					
Rent					
Phone/FAX					
Printing					
Travel					
Utilities					
PROJECT EXPENSES					
Accounting Services					
Auditing Fees					
Insurance					
Davis Bacon Compliance					
PROJECT CONSTRUCTION					
Appraisal					
Engineering Services					
Architectural Design					
Acquisition					
TOTAL					