MILWAUKEE COUNTY COMMUNITY DEVELOPMENT PROGRAM
FORM 5: SCHEDULE OF PAID COSTS

PROJECT _____ IDENTIFIER _____

REPORTING PERIOD COVERED: From_____ To_____

PART A. LINE ITEM SUMMARY

BUDGETED COST CATEGORY	APPROVED BUDGET	PAID TO DATE	THIS REQUEST	BALANCE
CAPITAL	$			
CONSULTANTS				
STAFF/FRINGES				
SUPPORT				
TOTAL	$			

PART B. PAID COSTS CATEGORY DETAIL

Staff/Fringes
COST CATEGORY

			COUNTY USE ONLY			
				ADJUSTMENTS		AMOUNT
CHECK NO.	VENDOR/DESCRIPTION	AMOUNT		AMOUNT	CODE	PAID

Adjustment Code Explanations:

N= Not budgeted
I= Insufficient documentation
O= Request exceeds budgeted amount
X= Net of applicable credits (i.e. Sales Taxes, Discounts, etc.)

PERSON COMPLETING THIS FORM _____ PHONE _____