

# Office of Community Services

Department of Labor and Industrial Relations

## FORM 300 - Cash Report

|   |  |   |   |
|---|--|---|---|
| <b>1. RECIPIENT ORGANIZATION:</b> Sample Organization   |  | <b>2. FUNDING SOURCE:</b> State   |   |
| <b>1. MAILING ADDRESS:</b> 123 Smith Street, Honolulu, HI 96813   |  | <b>2. FUNDING SOURCE:</b> GIA   |   |
| <b>3. PROGRAM:</b> Sample Program   |  | <b>4. CONTRACT NO.</b><br>OCS-GIA-18-01   | <b>5. CONTRACT AMOUNT</b><br>\$130,500.00 |
| <b>6. CONTRACT PERIOD</b><br>From: July 1, 2017 To: June 30, 2018   |  | <b>7. PERIOD COVERED BY THIS REPORT.</b> If FINAL, click box <input type="checkbox"/> FINAL REPORT<br>From: July 1, 2017 To: September 30, 2017 |   |
| <b>8. REQUEST FOR REIMBURSEMENT</b><br><br><b>Amount Requested For This Period:</b> (All supporting receipts/documents must be attached) <b>\$0.00</b>  |  |   |   |
| <b>CERTIFICATION:</b> I certify to the best of my knowledge and belief that this report and supporting documents are accurate and true, that all disbursements have been made for the purpose and conditions of the grant or agreement, and reflect the work done for this project. |  |   |   |
| Authorized Signature  |  | Sample Name<br>Print Name   | 9/15/2017<br>Date Report Submitted        |

### OFFICE OF COMMUNITY SERVICES USE ONLY

#### APPROVAL FOR PAYMENT

I certify satisfactory receipt of goods/services listed in this invoice/form.

\_\_\_\_\_  
Signature - Program Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Fiscal Section

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Executive Director

\_\_\_\_\_  
Date

OCS FORM 300 / Revised 05/2017

INTERNAL USE ONLY