Monthly Project Balance Report - INTERLINK MINISTRIES,INC.

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PROJECT: _____ Year:

Coordinator's Name: _____ Report For Month Of:

Address: _____

_____

Volunteers/Team Members participating this month: _____

			BALANCE
	Balance Forward:	NA	
	Project Income: Support received from Interlink (MONTH'S GROSS AMOUNT)		
	Assessment Fee minus 5% from Interlink support (gross amount)		
	Other Project Income:		
	Total Project Income (MONTH'S NET AMOUNT)		
Date	**Expenses: Description and Ministry Purpose**		
	Exchange Rate (US $ to foreign currency):		
Notes:			
	Total Project Expenses		
	End of Month Project Balance	NA	

Receipts or copies must be attached and mailed with expense form or scanned and sent as pdf by e-mail or fax.

Signature _____