



A Payable to: (Claimant: CAA Name & Address)

B LIHEAP Invoice Date: _____

C For the Month of: _____

Contract #: **LIHEAP 21-** **D**
 (complete # as shown on CAA contract)

Line Item	E Budget Amounts	F Prev Mo YTD	G Cash Expenditures Current Month	H YTD	I Unpaid Approved (to be paid within 14 calendar days of receipt of funds)	J Unexpended Budget Amount	K Projected Expenditures (next 30 calendar days)	L Total Being Requested	M % of Budget Requested (Maximum 100%)
N Administration	_____	_____	_____	_____	_____	_____	_____	_____	#DIV/0!
O Regular Assistance ***	_____	_____	_____	_____	_____	_____	*  _____	_____	#DIV/0!
P ECIP	_____	_____	_____	_____	_____	_____	_____	_____	#DIV/0!
Q Assurance 16	_____	_____	_____	_____	_____	_____	_____	_____	#DIV/0!
R Data Expansion	_____	_____	_____	_____	_____	_____	_____	_____	#DIV/0!
S Summer Pre-Buy	_____	_____	_____	_____	_____	_____	_____	_____	#DIV/0!
TOTAL EXPENDITURES	_____	_____	_____	_____	_____	_____	_____	_____	#DIV/0!

Applications Reconciliation ~ Unpaid Approved/Projection Worksheet						
*** (#'s as of last day of respective mo per NIFCAP system)	AA Prev Mo YTD	BB Current Month	CC YTD	Less # of Applications Paid YTD		
Regular Assistance:				Regular Assistance	Deliverable Fuel	Unpaid Approved
DD Denied	_____	_____	_____	_____	_____	_____
EE Awaiting Approval	_____	_____	_____	_____	_____	_____
FF Approved	_____	_____	_____	GG	HH	II
Total Appl. Taken	_____	_____	_____	JJ	KK	\$  _____
				<i>Projected # of Appl</i>	<i>x Avg Payment</i>	<i>*Net Projections</i>

	LL Previous Mo YTD	MM Current Month	NN YTD	Amount Sent to State Previous Month YTD	Amount Sent to State Current Month	Amount Sent to State YTD
OO Current Year Refunds Rolled back into Program Funds	\$ _____	\$ _____	\$ _____	_____	_____	_____
PP Prior Year Refunds	\$ _____	\$ _____	\$ _____	\$ QQ	\$ RR	\$ SS
Total Refunds Recv'd	\$ _____	\$ _____	\$ _____	_____	_____	_____

+ YTD Cash Expenditures	T _____
+ Unpaid Approved Expenditures	U _____
+ Projected Expenditures	V _____
Total Expenditures	W _____
- Less: Funds Previously Requested (calculation must account for current month cash on-hand returned to state)	X _____
Net Amount Being Requested	\$ Y _____
Current month cash on-hand returned to state	Z _____

Vendor Refunds: Reference section **Change of Applicant Status** in the *LIHEAP Policy and Procedures Manual*

For Use at DCAA Only - Please Do Not Write in This Space

Date received by DCAA (due the 10th of the month)	_____	Do any of the line items exceed 100% of the respective budget amount?	_____	Auditor's Approval & Date	_____
Computations correct?	_____	Do the Total Expenditures exceed the contract amount?	_____	Bureau Chief's Approval & Date	_____

I certify that the items for which payment is claimed were furnished for state business under the authority of the law and that the charges are reasonable, proper and correct, and no part of this claim has been paid.

TT _____
UU (Claimant's Signature)
VV (Claimant's Title)

 (Date)