

# Monthly Financial Summary

Reporting Month: \_\_\_\_\_  
Organization Name: \_\_\_\_\_

## Summary

Description	Amount
Total Income	_____
Total Expenses	_____
Net Income	_____
Cash Balance (end of month)	_____

## Income

Source	Amount
Grants	_____
Donations	_____
Fundraising	_____
Other	_____
Total Income	_____

## Expenses

Category	Amount
Program Expenses	_____
Administrative Expenses	_____
Fundraising Expenses	_____
Other	_____
Total Expenses	_____

## Notes & Comments