State of California

STATE WATER RESOURCES CONTROL BOARD

Safe Drinking Water State Revolving Fund (DWSRF)

BUDGET AND EXPENDITURE SUMMARY

☐ **LOAN FUNDS**

Page _____ of _____

☐ **FORGIVENESS OF PRINCIPAL/GRANT FUNDS**

☐ **NEGATIVE INTEREST FUNDS**

☐ **OTHER SOURCE OF FUNDS**_____

Name of Water System		Funding Agreement Number	
Contact Person	DUNS Number	Telephone	Email Address
Claim Number	For Period From (Month/Day/Year)	To (Month/Day/Year)	

LINE ITEM NO.	DESCRIPTION	BUDGET AMOUNT	TOTAL PRIOR CLAIMS	CURRENT CLAIM	TOTAL CLAIMS TO DATE	BALANCE
					$0.00	$0.00
					$0.00	$0.00
					$0.00	$0.00
					$0.00	$0.00
					$0.00	$0.00
					$0.00	$0.00
					$0.00	$0.00
					$0.00	$0.00
					$0.00	$0.00
					$0.00	$0.00
SUBTOTAL THIS PAGE		$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL PAGE						
SUBTOTAL PAGE						
TOTAL		**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

REVIEWED BY SUPPLIER'S AUTHORIZED REPRESENTATIVE *(Print Name, Title, RCE Number)*	SIGNATURE	DATE
STATE WATER RESOURCES CONTROL BOARD APPROVAL - District Engineer *(Print Name)*	SIGNATURE	DATE