

PROJECT BUDGET NAME: _____

Reporting Quarter/Year: _____ **DEPARTMENT:** _____

Project Description

Permits Required

Project Status

Estimated Completion Date (mo./yr.) and % Weight of Each Phase ; Total % Complete Overall Project



Total _____ **% Complete Overall Project**

Funding Sources

Source	Original Funding	Amendments	Current Funding
Federal			
State			
Local			
Total			

Project Budget Status

Description	Original Budget	Amendments	Current Budget	Life to Date	%	Remaining Balance
Revenue						
Expenditure						

**Estimated percent complete represents the approximate proportion of time toward project completion beginning with creation of project budget.*