



**APPENDIX
INTERIM STATEMENT OF REVENUE & EXPENSES**

SERVICE PROVIDER: _____

PROGRAM NAME: _____

FISCAL YEAR: _____

TO _____

Check One:

2nd Quarter Ending Sept _____

4th Quarter Ending Mar _____

Only complete the line items that are applicable to the above named program.

NO.	ACCOUNT NAME	YTD BUDGET	YTD ACTUALS	VARIANCE (Explain Variances +/- 5% of Budget)	VARIANCE EXPLANATION
REVENUE					
1	Manitoba Housing and Renewal Corporation				
2	Total Revenue (line 1)				
ADMINISTRATION					
3	Rent				
4	Office Supplies & Equipment				
5	Phone/Fax/Internet				
6	Professional Fees (Financial, Legal)				
7	Wage & Benefits				
8	Administration Fees				
9	Staff Training				
10	Advertising & Promotions				
11	Food				
12	Household Supplies				
13	Travel				
14	Other				
15	Total Administration (lines 3 thru 14)				
REPAIRS & MAINTENANCE					
16	Building Interior/Exterior				
17	Mechanical Systems - Maintenance				
18	Plumbing - Maintenance				
19	Janitorial				
20	Fire Protection				
21	Equipment				
22	Grounds Expense				
23	Waste Removal				
25	Security				
25	Other				
26	Total Repairs & Maintenance (lines 16 thru 25)				
27	Utilities				
28	Property Taxes				
29	Amortization				
30	Insurance				
31	TOTAL EXPENSES (lines 15+26+27+28+29+30)				
32	NET OPERATING SURPLUS/(LOSS) (line 9 subtract 36)				

Date: _____

Prepared By: _____

Position: _____

VARIANCE EXPLANATIONS (Please provide an explanation for anything +/- 5% of budget):

Use the reverse of this form for more space if necessary.