

STATEMENT OF ACCOUNTS
FOR THE PERIOD OF 1 JANUARY 200 TO 31 DECEMBER 200

Name of the Project..... Address:..... LACIM code:.....

| INCOME | | EXPENDITURE | | | | | | | | | | |
|-------------------------|-------------|---------------------------|----------------------------|---------------|----------------------------------|---------------|-------------------|--|-----------------------|---------------|--|--|
| DATE | Amount in € | Amount in Rs. | 1. EDUCATION | Amount in Rs. | 2. HEALTH | Amount in Rs. | 3. COMMON | Amount in Rs. | 4. LOANS & | Amount in Rs. | | |
| | | | Books, Notebooks | | Medicines | | FACILITIES | | REVOLVING FUND | | | |
| | | | School fees | | Operations | | Water supply | | Creating jobs | | | |
| | | | Uniforms | | Maternity | | Common hall | | House | | | |
| | | | Private tutions | | T.B. | | Toilets | | Family | | | |
| | | | Adult aducation | | Accidents, Burns |  | ..... |  | Animals | | | |
| | | | Computer Studies | | Medical Camps |  | ..... |  | Seeds and Plants | | | |
| | | | Tailoring & Embroidery |  | ..... |  | ..... |  | ..... |  |  |  |
| Total from FG | | | Embroidery | | Total 2 | | Total 3 | | Total 4 | | | |
| | | | | | 5. WELFARE | Amount in Rs. | 6. IGP | Amount in Rs. | 7. OTHERS | Amount in Rs. | | |
| Local contribution | | | | | Repair of house | | Dairy farm | | Audit fees | | | |
| Tailoring class fees | | | | | Petty shop | | Vessel rent | | Travelling | | | |
| IGP income | | | | | Marriage | | Shop Complex | | Postage | | | |
| Loans repaid | | | | | Funeral |  | ..... |  | Meetings | | | |
| Bank Interest | | | | | | | | | Office Stationery | | | |
| ANNUAL STATEMENT | | | Total 1 |  | ..... |  | ..... |  | ..... |  |  |  |
| | | | Total Expenses |  | ..... |  | ..... |  | ..... |  |  |  |
| | | | 1+2+3+4+5+6+7 | | Total 5 | | Total 6 | | Total 7 | | | |
| Opening Balance | | | FOR OFFICE USE ONLY | | Name of the Project Holder:..... | | | Note: This statement is to be submitted by the end of February to the area representative, the French Group and the FIST Office, Quilon, along with the Annual Report | | | | |
| Total Income | | Signature of the PH:..... | | | | | | | | | | |
| Total Expences | | Received on..... | | | Signature of the Treasurer:..... | | | | | | | |
| Balance to Credit | | Checked by..... | | | Date:..... | | | | | | | |