



AKWESASNE AREA MANAGEMENT BOARD BUDGET FORECAST

NAME OF EMPLOYER: _____

FILE NUMBER: _____

MONTHS													TOTALS
Total Wages:													
Total M.E.R.C.													
Total Overhead:													
Private Course Fees:													
Public Course Fees:													
Other Training Costs:													
Equipment Rentals:													
Equipment Purchases:													
Add. Cost/Disabled:													
Audit:													
Special Costs													
TOTALS:													

COMMENTS [IF ANY]

I CERTIFY THAT THE ABOVE IS AN ACCURATE STATEMENT OF OUR ANTICIPATED CASH FLOW REQUIREMENTS:

SIGNATURE

DATE