

Fiscal Account Management Reporting Log

Individual Name:

DDS#:

Business Name:

Fiscal Account Manager's Name:

Emgill:

Phone:

Total Funds Dispursed this quarter:

You agree to keep original receipts, cancelled checks, paid invoices and Micro-Enterprise Spending Log (s), if applicable, for three (3) years after receipt of the Micro-Enterprise start up funds.

*Agencies are responsible for keeping records of reporting logs and associated receipts/reports

Make copies of this form as needed. All copies must be submitted to DDS.Employment-Dayservices@ct.gov **every 3-months** (after funds are received).

If your agency assisted the awardee with disbursements this quarter, please fill in the chart below.

If your agency did not assist the awardee with disbursements this quarter please describe why:

Have you recorded/archived disbursed funds this quarter? Yes No

Have you provided the individual with monthly expenditure reporting? Yes No

Did your agency's Fiscal Account Manager bill every month in this quarter? Yes No

If no for any questions above, why not?:

Did you conduct any legal/tax filings, compliance, payroll or any additional expenditure reporting for the awardee this quarter? If so please list:

Agencies are responsible for keeping records of reporting logs and associated receipts/reports.

Fiscal Account Manager's Signature:  _____ Date: ____/____/____