

SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD

P.O. Box 56, SIOUX LOOKOUT, ONTARIO P8T 1A1, TEL (807) 737-4047, FAX (807) 737-4048, TOLL FREE 1-800-563-2183

FORECAST OF CASH FLOW

NAME OF SPONSOR						FILE NUMBER ____/____/____						
REPORTING PERIOD R												
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
WAGE COSTS												
M.E.R.C.												
OVERHEAD COSTS												
TRAINING COSTS												
PUBLIC INSTITUTIONS A												
B												
NON-PUBLIC												
EQUIPMENT LEASING												
EQUIPMENT PURCHASE												
ADDITIONAL COST FOR DISABLED												
AUDIT												
PARTICIPANT ALLOWANCES												
TOTAL												

COMMENTS:

	Current Year- \$	Future Year 1- \$
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Prepared by:	Date	We certify that the above is an accurate statement of our anticipated cash flow requirements. Signature _____ Date _____
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