



## NATIONAL CHILD BENEFIT SUPPLEMENT QUARTERLY TRACKING REPORT

Administering Authority Name:	Administering Authority No.
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To be submitted at the end of the Quarter

1st Quarter (April, May, June) due July 15/07	3rd Quarter (October, November, December) due January 15/08
2nd Quarter (July, August, September) due October 15/07	4th Quarter (January, February, March) due April 15/08

#	Family Name	Month: (circle applicable month)				Month: (circle applicable month)				Month: (circle applicable month)			
		○ Apr	○ Jul	○ Oct	○ Jan	○ May	○ Aug	○ Nov	○ Feb	○ Jun	○ Sep	○ Dec	○ Mar

Use additional pages if more than 15 families in the quarter	# of Children	NCBS	# of Children	NCBS	# of Children	NCBS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
Sub-Totals (If more than one page)						
<b>MONTHLY TOTALS</b> (Complete for last page if more than one page)						

A                      B                      C                      D                      E                      F

# of Children in Quarter (A + C + E)	NCBS \$ in Quarter (B + D + F)

**Administering Authority Certification**

The information provided is accurate to the best of my knowledge.

Given Name	Family Name
Title	Date (YYYYMMDD)