



Cemetery Board

**PERPETUAL CARE TRUST FUND FINANCIAL REPORT - SCHEDULE C**  
**Statement of Expenses Incurred for the General Care, Maintenance,**  
**Embellishment and Administration of Cemeteries**

Cemetery Company Name \_\_\_\_\_  
Enter the company name as it appears on the license.

Virginia Cemetery Company License Number 

4	9	0	1						
---	---	---	---	--	--	--	--	--	--

 Expiration Date \_\_\_\_\_

**Section I - Total Expenses**

1. Enter the total expenses incurred for the general care, maintenance, embellishment, and administration of cemeteries: \_\_\_\_\_
2. Provide a brief explanation of the types of expense categories included in the total:

**Section II - Reconciliation of Expenses**

1. Enter the *unrecovered expenses* as of the beginning of the fiscal year: \_\_\_\_\_
2. Enter the *total expenses* incurred from **Section I**: \_\_\_\_\_
3. Enter the *total payments* from the perpetual care trust to reimburse the cemetery company during the fiscal year (*must agree with Schedule A, Line 11, Column A*): \_\_\_\_\_
4. Enter the amount of *unrecovered expenses* as of the end of the fiscal year:  
 (Add Lines 1 and 2, and subtract Line 3) \_\_\_\_\_

*No entry is required on Line 1 if Line 4 is greater than or equal to zero.*