

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
PROGRAM EXPENDITURE SUMMARY

QYDS ID#						
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AGENCY/MUNICIPALITY

PROGRAM NAME:

FUND TYPE

For the period From: _____ To _____

BUDGET CATEGORY	BUDGETED AMOUNT	EXPENDED THIS PERIOD	CUMULATIVE EXPENSES TO DATE	BALANCE REMAINING
SALARIES & WAGES	\$	\$	\$	\$
FRINGE BENEFITS	\$	\$	\$	\$
TOTAL PERSONAL SERVICES (1)	\$	\$	\$	\$
TOTAL CONTRACT SERVICES (2)	\$	\$	\$	\$
TOTAL MAINTENANCE & OPERATION (3)	\$	\$	\$	\$
TOTAL FACILITY REPAIRS (4)	\$	\$	\$	\$
GRAND TOTALS	\$	\$	\$	\$

STATE AID REQUESTED

\$

PREPARED BY

_____ PRINT NAME

_____ TELEPHONE NUMBER

_____ PRINT TITLE

_____ DATE

CERTIFICATION

I certify that the above information is just, true, and correct; that the expenses for the period have been incurred and paid for and have not been previously claimed; and that such expenditures are proper and necessary for the program.

Signature:

_____ Program Director/Fiscal Officer

_____ Title

_____ Date

SUBMIT ORIGINAL