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NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
PROGRAM EXPENDITURE REPORT – FRINGE BENEFITS

AGENCY/MUNICIPALITY _____

PROGRAM PERIOD FROM _____ TO _____

CHECK NUMBER	CHECK DATE	PAYEE NAME	TYPE OF FRINGE BENEFIT	SERVICE PERIOD		GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS
				FROM	TO		
REIMBURSEMENT CHECK NUMBER FOR CONTRACT AGENCIES ONLY:				TOTALS			

SUBMIT ORIGINAL

PROGRAM EXPENDITURE REPORT – FRINGE BENEFITS
INSTRUCTIONS/EXAMPLES

CHECK NUMBER	CHECK DATE (NOTE 1)	PAYEE NAME	TYPE OF FRINGE BENEFIT	SERVICE PERIOD		GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS
				FROM	TO		
951	10/01/24	AETNA Insurance	Disability Premium	10/01/24	09/30/25	\$250.00	\$250.00
952	10/01/24	Mutual of Omaha	Workers Compensation	10/01/24	09/30/25	\$250.00	\$250.00
958	10/01/24	Blue Cross and Blue Shield	Health Insurance	10/01/24	09/30/25	\$225.00	\$225.00
1501	10/01/24	Fleet Blank	Employer's FICA	10/01/24	09/30/25	\$1532.00	\$1532.00
1502	10/01/24	The Hartford Group	Employer's NYS Unemployment	10/01/24	09/30/25	\$850.00	\$850.00
				TOTALS		\$3,107.0	\$2,229.00

NOTES: (1) The amount chargeable to OCFS could be less than 100% of the cost, if the employee(s) divide time between OCFS and Non-OCFS funded programs. Also note that when the approved budget or state aid balance is sufficient to cover the amount in this column, reimbursement will be computed on the following basis: YDP, YSEF, YTS: 100%; RHYA: 60%.