

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

PROGRAM CODE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CONTRACT NUMBER:

AGENCY/MUNICIPALITY

PROGRAM NAME:

FUND TYPE

NOTE: PLEASE REFER TO THE FISCAL POLICIES & PROCEDURES MANUAL FOR FORM INSTRUCTIONS

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)	\$	\$	\$	\$
<b>GRAND TOTALS</b>	\$	\$	\$	\$

STATE AID REQUESTED  
(FOR MATCHING FUND PROGRAMS ONLY)

\$

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:

\_\_\_\_\_ Title Date

Program Director/Fiscal Officer

Title

Date

**SUBMIT ORIGINAL AND TWO COPIES**