

Program Name: _____

Program Code: _____

MAINTENANCE AND OPERATION (EXCEPT FACILITY REPAIRS)

	TOTAL AMOUNT	ITEM DESCRIPTION
CONSUMABLE SUPPLIES		
MAINTENANCE/EQUIPMENT REPAIRS		
EQUIPMENT RENTALS		
EQUIPMENT PURCHASES		
SPACE RENTALS (RATE/BASIS/TYPE?)		
TRAVEL (MILEAGE RATE @ \$0. _____ PER MILE)		
INSURANCE (TYPE)		
UTILITIES AND TELEPHONES		
OTHER COSTS		
TOTAL		

Note: Use an asterisk next to figures listed to identify those items for which OCFS reimbursement is NOT being requested.