

CONTRACT # \_\_\_\_\_

OR

PROGRAM # \_\_\_\_\_

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**PROGRAM EXPENDITURE REPORT – M&O AND FACILITY REPAIRS**

AGENCY/MUNICIPALITY \_\_\_\_\_

PROGRAM PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

CHECK NUMBER	CHECK DATE	PAYEE NAME	DESCRIPTION	INVOICE DATE OR PERIOD COVERED FOR SERVICES OR TRAVEL	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS
FOR CONTRACT AGENCIES ONLY: REIMBURSEMENT CHECK NUMBER					<b>TOTALS</b>	

## PROGRAM EXPENDITURE REPORT – M & O AND FACILITY REPAIRS INSTRUCTIONS/EXAMPLES

CHECK NUMBER	CHECK DATE (NOTE 1)	PAYEE NAME	DESCRIPTION	INVOICE DATE PERIOD COVERED FOR SERVICES OR TRAVEL (NOTE 7)	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS
1003	04/06/01	GRUMBACHER AND CO.	ART SUPPLIES	04/06/01	376.80	376.80
1004	04/06/01	E.Z.CLEANING CO.	JANITORIAL SERVICES	3/1/01-3/31/01	200.00	200.00
1005	04/06/01	LOW RENTAL CO. (NOTE 2)	MOVIE PROJECTOR RENTAL	04/05/01	50.00	50.00
1006	04/06/01	BRUNSWICK CORP. (NOTE 2)	POOL TABLE	04/02/01	700.00	700.00
IK		DONATED TO RHYA PROGRAM	PHOTOCOPY MACHINE	3/1/01-3/31/01	82.00	82.00
1007	04/16/01	HARTFORD INSURANCE CO (NOTE 6)	LIABILITY INSURANCE (NOTE 4 )	5/1/01-4/30/02	\$600.00	400.00
1008	04/16/01	NIAGARA MOHAWK POWER CO	HEAT AND ELECTRICITY (NOTE 5)	3/1/01-3/31/01	178.29	125.95
1009	04/18/01	US POSTMASTER	POSTAGE	04/18/01	8.00	8.00
1010	04/25/01	MALL ASSOCIATES	RENT FOR 99 COURT ST	5/1/01-5/30/01	500.00	500.00
1011	05/01/01	JOHN BROWN	TRANSPORT YOUTH 100m@.28¢	4/1/01-4/31/01	28.00	28.00
1012	05/02/01	NYC TRANSIT AUTHORITY	TOKENS	05/02/01	125.00	125.00
				<b>TOTAL M&amp;O</b>	2848.09	2595.75
FACILITY REPAIRS						
1013	05/07/01	AMERICAN GLASS CO.	REPAIR WINDOWS	05/04/01	228.00	228.00
				<b>TOTALS</b>	3,076.09	2,823.75

### INSTRUCTIONS

- Notes:
- 1 Dates paid must be after completion of services or receipt of product
  - 2 Equipment purchased or rented must be listed on the approved budget
  - 3 For RHYA only All In-Kind donations must be charged at the fair market value
  - 4 Amount must be pro-rated for period within contract or program period.
  - 5 Amount must be pro-rated based on amount of space used by program
  - 6 The company that carries the risk not the agent (eg; Hartford, Nationwide, Prudential)
  - 7 Service Periods must be shown for Utilities, Rent, Insurance and Travel

Trophies & Awards – Include # of units, price per unit, and type of trophy (team or individual).

Inexpensive T - shirts or hats - Include # of units and price per unit

Gas & Fuel Oil - Number of gallons and price per gallon

Mileage - Number of Miles and Price per mile

Admission - Number of tickets and price per ticket

**Cell phones – Attach copy of bill**