

AGENCY NAME: \_\_\_\_\_

MONTHLY EXPENDITURE REPORT: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ PERIOD

## SUMMARY STATEMENT OF EXPENDITURES

EXPENDITURE CATEGORY	ALLOCATION OF EXPENDITURES				
			AT-RISK	ETHNIC	TOTAL
WAGES AND SALARIES					
FRINGE BENEFITS					
TRAVEL					
CURRENT EXPENSES					
INDIRECT					
<b>TOTAL EXPENDITURES</b>					
<b>NET EXPENDITURES</b>					

I CERTIFY THE ABOVE SUMMARY STATEMENT OF MONTHLY EXPENDITURES AND THE ATTACHED DETAIL STATEMENTS OF MONTHLY EXPENDITURES BY EXPENDITURE CATEGORY FOR \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ ARE ACCURATE TO THE BEST OF MY KNOWLEDGE AND ALL OTHER REPORTS REQUIRED BY CONTRACT PROVISIONS HAVE BEEN SUBMITTED TO THE APPROPRIATE PERSONNEL.

\_\_\_\_\_ BY

\_\_\_\_\_ TITLE

DATE

AGENCY NAME: \_\_\_\_\_

MONTHLY EXPENDITURE REPORT: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ PERIOD

### DETAIL STATEMENT OF WAGES & SALARIES

EMPLOYEE NAME	ALLOCATION OF EXPENDITURES				
			AT-RISK	ETHNIC	TOTAL
TOTAL (TO SUMMARY)					

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## DETAIL STATEMENT OF FRINGE BENEFITS

EXPENDITURE CATEGORY	ALLOCATION OF EXPENDITURES				
			AT-RISK	ETHNIC	TOTAL
SOC.SEC.(FICA)					
RETIREMENT					
HEALTH/LIFE INS.					
TOTAL (TO SUMMARY)					

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### DETAIL STATEMENT OF TRAVEL EXPENDITURES

CATEGORY OF EXPENSE OR NAME OF PAYEE	ALLOCATION OF EXPENDITURES				
			AT-RISK	ETHNIC	TOTAL
TOTAL (TO SUMMARY)					

