

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

QYDS ID#						
----------	--	--	--	--	--	--

AGENCY/MUNICIPALITY

PROGRAM NAME:	FUND TYPE
---------------	-----------

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)	\$	\$	\$	\$
GRAND TOTALS	\$	\$	\$	\$

STATE AID REQUESTED      \$

PREPARED BY	_____	_____
	PRINT NAME	TELEPHONE NUMBER
	_____	_____
	PRINT TITLE	DATE

<p><b>CERTIFICATION</b></p> <p>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.</p> <p><b>Signature:</b> _____</p> <table><tr><td>Program Director/Fiscal Officer</td><td>Title</td><td>Date</td></tr></table>	Program Director/Fiscal Officer	Title	Date
Program Director/Fiscal Officer	Title	Date	

SUBMIT ORIGINAL