

## Financial Expenditure Documentation Summary

**Certification Page**

**CONTRACTOR NAME:** \_\_\_\_\_

**CONTRACT #:** \_\_\_\_\_

**REPORT PERIOD:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**TO:** \_\_\_\_\_

SUPPORTING DOCUMENTATION **MUST** BE ATTACHED FOR CONTRACTS OVER \$20,000

	A	B	C	D	E
EXPENSE CATEGORY	APPROVED CONTRACT BUDGET AMOUNT	EXPENDITURES THIS PERIOD	CUMULATIVE EXPENSES SHOWN IN LAST REPORT (Column D of Last Report)	CUMULATIVE EXPENSES TO DATE (Column B + Column C)	AVAILABLE BALANCE REMAINING IN CONTRACT (Column A - Column D)
PERSONAL SERVICES					
FRINGE BENEFITS					
EQUIPMENT & SUPPLIES					
CONTRACTUAL & CONSULTANTS					
OTHER EXPENSES					
TOTAL					

**CERTIFICATION:**

The undersigned certifies that the expenditures as shown on all budget expense categories have been made for the Project identified and supporting rolls of abstracts, vouchers and other documents which are deemed a part hereof are just, true and correct and have been duly authorized; that all expenditures have been made in accordance with the approved project proposal. I understand that supporting documentation must be retained on-site and available for OCFS inspection for all contracts \$20,000 and under and that OCFS reserves the right to request copies of such supporting documentation at any given time during the contract period and for a period up to 7 years following the end of the contract. **NOTE: Payments made with CASH are NOT reimbursable. Payments made with PETTY CASH or MONEY ORDERS that exceed the \$500 per contract limitation, are NOT reimbursable, see page 8-9 of claiming instructions for further details.**

\_\_\_\_\_  
Authorized Voucher Signature

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

## Financial Expenditure Documentation Report

BUDGET CATEGORY: PERSONNEL

**CONTRACTOR NAME:** \_\_\_\_\_  
**CONTRACT #:** \_\_\_\_\_  
**REPORT PERIOD:** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SUPPORTING DOCUMENTATION **MUST** BE ATTACHED FOR CONTRACTS OVER \$20,000

**TRANSACTION TYPE:** For payments made with Debit or Credit Card, enter DC for Debit or CC for Credit, for payments made with check, enter CK and the check number

TRANSACTION TYPE	CK/DC/CC DATE	PAYEE	SERVICE PERIOD		ITEM DESCRIPTION	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO CONTRACT
			INVOICE DATE FROM	TO			
<b>TOTALS</b>							

## Financial Expenditure Documentation Report

**BUDGET CATEGORY: FRINGE BENEFITS & PAYROLL TAXES**

**CONTRACTOR NAME:** \_\_\_\_\_  
**CONTRACT #:** \_\_\_\_\_  
**REPORT PERIOD:** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SUPPORTING DOCUMENTATION **MUST** BE ATTACHED FOR CONTRACTS OVER \$20,000

**TRANSACTION TYPE:** For payments made with Debit or Credit Card, enter DC for Debit or CC for Credit, for payments made with check, enter CK and the check number

TRANSACTION TYPE	CK/DC/CC DATE	PAYEE	SERVICE PERIOD		ITEM DESCRIPTION	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO CONTRACT
			INVOICE DATE FROM	TO			
<b>TOTALS</b>							

## Financial Expenditure Documentation Report

**BUDGET CATEGORY: EQUIPMENT & SUPPLIES**

**CONTRACTOR NAME:** \_\_\_\_\_

**CONTRACT #:** \_\_\_\_\_

**REPORT PERIOD:** **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

SUPPORTING DOCUMENTATION **MUST** BE ATTACHED FOR CONTRACTS OVER \$20,000

**TRANSACTION TYPE:** For payments made with Debit or Credit Card, enter DC for Debit or CC for Credit, for payments made with a check, enter CK and the check number

TRANSACTION TYPE	CK/DC/CC DATE	INVOICE NUMBER	PAYEE	SERVICE PERIOD INVOICE DATE FROM TO		ITEM DESCRIPTION	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO CONTRACT
						<b>TOTALS</b>		

## Financial Expenditure Documentation Report

**BUDGET CATEGORY: CONTRACTUAL & CONSULTANTS**

**CONTRACTOR NAME:** \_\_\_\_\_  
**CONTRACT #:** \_\_\_\_\_  
**REPORT PERIOD:** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SUPPORTING DOCUMENTATION **MUST** BE ATTACHED FOR CONTRACTS OVER \$20,000

**TRANSACTION TYPE:** For payments made with Debit or Credit Card, enter DC for Debit or CC for Credit, for payments made with check, enter CK and the check number

TRANSACTION TYPE	CK/DC/CC DATE	INVOICE NUMBER	PAYEE	SERVICE PERIOD INVOICE DATE		ITEM DESCRIPTION	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO CONTRACT
				FROM	TO			
<b>TOTALS</b>								

## Financial Expenditure Documentation Report

BUDGET CATEGORY: OTHER

CONTRACTOR NAME: \_\_\_\_\_  
CONTRACT #: \_\_\_\_\_  
REPORT PERIOD: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SUPPORTING DOCUMENTATION **MUST** BE ATTACHED FOR CONTRACTS OVER \$20,000

**TRANSACTION TYPE:** For payments made with Debit or Credit Card, enter DC for Debit or CC for Credit, for payments made with check, enter CK and the check number

TRANSACTION TYPE	CK/DC/CC DATE	INVOICE NUMBER	PAYEE	SERVICE PERIOD		ITEM DESCRIPTION	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO CONTRACT
				INVOICE DATE FROM	TO			
<b>TOTALS</b>								