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AGENCY/MUNICIPALITY _____

PROGRAM PERIOD FROM _____ TO _____

CHECK NUMBER	CHECK DATE	PAYEE NAME	TITLE/SERVICE	SERVICE PERIOD		HOURS WORKED (IF PAID HOURLY)	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS
				FROM	TO			
REIMBURSEMENT CHECK NUMBER FOR CONTRACT AGENCIES ONLY:						TOTALS		

SUBMIT ORIGINAL

PROGRAM EXPENDITURE REPORT – CONTRACTED SERVICES & STIPENDS

INSTRUCTIONS/EXAMPLES

CHECK NUMBER	CHECK DATE (NOTE 1)	PAYEE NAME	DESCRIPTION	SERVICE PERIOD		SERVICE PERIOD	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS
				FROM	TO			
CONSULTANT								
3000	01/10/01	John Davis	Arts Consultant	01/01/01	01/04/01	3 SESSIONS	\$150.00	\$150.00
NOTE 2	01/31/01	Paul White (IK)	Bookkeeper	01/01/01	01/31/01	month		\$500.00
CONTRACTED SERVICES								
3500	01/31/01	Johns Janitorial Service	Cleaning Services	01/01/01	01/31/01	4 weeks	\$200.00	\$200.00
STIPENDS								
3005	01/11/01	Len Smith	Camp Counselor in Training	01/08/01	01/11/01	5 days	\$50.00	\$50.00
				TOTALS			\$400.0	\$900.00

NOTES: (1) Checks must be dated at the end of the service period – prepayments are not reimbursable.

(2) For RHYA programs claiming donated services as in –kind match, indicate (IK) next to the worker's name