QYDS ID# | | | | | |

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

PROGRAM EXPENDITURE REPORT – SALARIES

AGENCY/MUNICIPALITY _____ PROGRAM PERIOD FROM _____ TO _____

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

SUBMIT ORIGINAL

PROGRAM EXPENDITURE REPORT – SALARIES
INSTRUCTIONS/EXAMPLES

OCFS will accept a computer generated form if it replicates this form. OCFS will also accept computer generated payroll reports that include all of the information below.

CHECK NUMBER	CHECK DATE (NOTE 1)	PAYEE NAME	POSITION/TITLE	PAYROLL PERIOD		HOURS WORKED IF PAID HOURLY NOTE 3	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS NOTE 4
				FROM	TO			
2000	01/10/01	John Brown	Director	12/28/00	01/01/01	3 SESSIONS	$2,000.00	$150.00
2001	01/10/01	Tim Grant	Recreation Leader	12/28/00	01/10/01	15	$75.00	$75.00
IK	01/10/01	Muhammed Raja (IK)	Volunteer Recreation Leader	12/28/00	01/10/01	5	$25.00	$25.00
2010	01/24/01	John Brown	Director	01/01/01	01/31/01		$2.000.00	$150.00
2011	01/24/01	Tim Grant	Recreation Leader	01/11/01	01/24/01	15	$75.00	$75.00
						TOTALS	$4175.00	$4175.00
OR								
2000-2009	01/10/01	PAYROLL #1	SEE ATTACHED	12/28/00	01/10/01		$2,075.00	$225.00
2010-2020	01/24/01	PAYROLL#2	PAYROLL LISTING	01/11/01	01/24/01		$2,075.00	$225.00
FOR CONTRACT AGENCIES ONLY: NOTE 5 REIMBURSEMENT CHECK NUMBER				**TOTALS**			$4,150.00	$450.00

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

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

(3) On attached payroll registers, list any required information not already provided on register.

(4) The Amount Chargeable to OCFS could be less than 100% of the cost, if the employee(s) divide time between OCFS and non-OCFS funded programs. Also, note that when the approved budget or state aid balance is sufficient to cover the amount in the column, reimbursement will be computed on the following basis:
YDP: 100%; RHYA: 60%.

(5) When using a payroll checking account or general checking account to write individual checks, please note the number of the spate bank account check reimbursing the payroll or general account.

INSTRUCTIONS: -Vacation time should be noted

-Employee separation dates should be given (termination, resignation, retirement).

-Adjustments must be fully explained.