

PROGRAM # _____

OR

CONTRACT # _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

PROGRAM EXPENDITURE REPORT – CONTRACTED SERVICES & STIPENDS

AGENCY/MUNICIPALITY _____

PROGRAM PERIOD FROM _____ TO _____

CHECK NUMBER	CHECK DATE	PAYEE NAME	TITLE/ SERVICE	SERVICE PERIOD		NUMBER OF HOURS/DAYS/SESSIONS (If _____)	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS
				FROM	TO			
REIMBURSEMENT CHECK NUMBER FOR CONTRACT AGENCIES ONLY:							TOTALS	

SUBMIT ORIGINAL AND TWO COPIES

PROGRAM EXPENDITURE REPORT – CONTRACTED SERVICES AND STIPENDS INSTRUCTIONS/EXAMPLES

CHECK NUMBER	CHECK DATE NOTE 1	PAYEE NAME	POSITION TITLE	PAYROLL PERIOD		HOURS WORKED (IF PAID HOURLY)	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		
FOR CONTRACT AGENCIES ONLY: REIMBURSEMENT CHECK NUMBER							TOTALS		\$400.00	\$900.00

- NOTES:**
- (1) Checks must be dated at the end of the service period – prepayments are not reimbursable.
 - (2) For RHYA and Safe Places programs claiming donated services as in – kind match, indicate (IK) next to the worker’s name