

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