SED01

NEW YORK STATE EDUCATION DEPARTMENT

OFFICE OF RELIGIOUS AND INDEPENDENT SCHOOL SUPPORT

# **CONTRACT EXPENDITURE REPORT**

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| --- | --- |
| **AGENCY:** **PREPARED BY: [Contact Name]****TELEPHONE:**  | FOR ORISS USE ONLY:REVIEWED BY:APPROVED BY: |
| **CONTRACT NUMBER:** | PLEASE CHECK: EXPENSES ARE [ ]  ACCRUAL [ ]  CASHPLEASE CHECK: REVENUES ARE [ ]  ACCRUAL [ ]  CASH |
| CONTRACT PERIOD: | PERIOD REPORTED: | QUARTER REPORTED:[ ] 1ST [ ]  2ND [ ]  3RD [ ]  **FINAL** |
| ITEM DESCRIPTION | **APPROVED BUDGET** | CONTRACT EXPENSES THIS QUARTER | **CONTRACT****EXPENSES** |
| **15 - PROF. SALARIES** |  | **N/A** |  |
| **16 – SUP. STAFF SALARIES** |  | **N/A** |  |
| **40 – PURCHASED SERVICES** |  | **N/A** |  |
| **45 – SUPPLIES & MATERIALS** |  | **N/A** |  |
| **46 – TRAVEL** |  | **N/A** |  |
| **80 – EMPLOYEE BENEFITS** |  | **N/A** |  |
| **90 – INDIRECT COST** |  | **N/A** |  |
| **30 – MINOR REMODELING** |  | **N/A** |  |
| **20 – EQUIPMENT** |  | **N/A** |  |
| **GRAND TOTAL** |  | **N/A** |  |
|  |
| STATEMENT OF CERTIFICATION: I hereby certify that the information contained herein is valid and accurate to the best of my knowledge: |

**Signature** of Executive Director or person of comparable authority:

|  |  |
| --- | --- |
|  | Date: |

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## DETAIL OF PERSONNEL AND FRINGE BENEFIT COSTS

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| --- |
| **Agency:** |
| **Contract #:** | **Contract Period:** | Reporting Period: N/A |
| Title: | Name: | Annual Salary | % of Time Allocated to Program | Salary Allocated to Program | Fringe Benefits |
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