



DONATED FUNDS INITIATIVE QUARTERLY EXPENDITURE REPORT

1. AGREEMENT NUMBER _____

2. PROVIDER NAME	3. PROGRAM NAME
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4. YEAR TO DATE COST PERIOD FROM: _____ TO: _____ JULY 1, _____ Year	5. QUARTERLY REPORT MONTHS FROM: _____ TO: _____	6. DATE PREPARED: _____	7. PREPARED BY: _____
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8. LINE ITEMS	AGREEMENT BUDGET	9. EXPENDITURES FOR QUARTER	YEAR TO DATE	PERCENTAGE OF DFI BUDGET
A. Personal Services				
Salaries	\$ _____	\$ _____	\$ _____	_____ %
Payroll Taxes	\$ _____	\$ _____	\$ _____	_____ %
Other Benefits	\$ _____	\$ _____	\$ _____	_____ %
Contractual	\$ _____	\$ _____	\$ _____	_____ %
B. Consumables				
Supplies	\$ _____	\$ _____	\$ _____	_____ %
Printing	\$ _____	\$ _____	\$ _____	_____ %
Postage	\$ _____	\$ _____	\$ _____	_____ %
C. Occupancy				
Rent	\$ _____	\$ _____	\$ _____	_____ %
Utilities	\$ _____	\$ _____	\$ _____	_____ %
Building Maintenance	\$ _____	\$ _____	\$ _____	_____ %
Telephone	\$ _____	\$ _____	\$ _____	_____ %
D. Miscellaneous				
Staff Travel	\$ _____	\$ _____	\$ _____	_____ %
Equipment Maintenance	\$ _____	\$ _____	\$ _____	_____ %
Depreciation	\$ _____	\$ _____	\$ _____	_____ %
Conference, Meeting, etc.	\$ _____	\$ _____	\$ _____	_____ %
Liability & Other insurance.	\$ _____	\$ _____	\$ _____	_____ %
E. Other (Specify):				
_____	\$ _____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	\$ _____	_____ %
TOTAL AGREEMENT BUDGET	\$ _____	\$ _____	\$ _____	_____ %
		\$ _____	\$ _____	_____ %

10. AGREEMENT UNITS OF SERVICE	11. UNITS OF SERVICE	FOR QUARTER	YEAR TO DATE	YTD Percentage of Agreement Units
a. Budgeted Units	a. Units Delivered	_____	_____	_____ %
b. Unit Rate \$ _____	b. Unit Rate(s) \$ _____	\$ _____	\$ _____	_____ %
c. Total Agreement Amount \$ _____	c. Total \$ _____	\$ _____	\$ _____	_____ %
(axb)	(axb)	(axb)	(axb)	<div style="border: 1px solid black; display: inline-block; padding: 5px;">Initial All Changes</div>

I Certify that this is a true and accurate statement of costs incurred for services rendered pursuant to the agreement identified above, that Title XX eligible services were delivered to Title XX eligible recipients, and that appropriate documentation to these costs is available in the service provider's office.

AUTHORIZED SIGNATURE: _____	DATE: _____
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