State of Illinois
Department of Human Services

Instructions for SUMMARY EXPENDITURE DOCUMENTATION (EDF)

Provider agencies that receive prospective payments **must** use the Summary Expenditure Document Form (IL 444-4280) (EDF) to provide reporting of expenditures to the Division. This form is available via the Department of Human Services website. The amounts reported must be the total expenditures for the period, for a single program. A separate report must be completed for each program.

1. **Printed Name of Person Completing Form (Mandatory):** Enter name of individual actually completing the form.

2. **Telephone: (Mandatory):** List the phone number and extension for a contact person who will be able to answer questions concerning the submitted expenditure form.

3. **E-Mail Address:** Enter the E-mail address for the contact person.

4. **Period (Mandatory):** Enter the dollar amount for each month claimed and enter a state fiscal year-to-date total. A report should be submitted even when no dollars are spent to assure that there are no gaps in documentation.

5. **Total Year to Date:** Enter Fiscal Year to date amount (adding all reported months).

6. **Revised:** Check if revising a previously submitted EDF.

7. **Revision Date:** Enter date revision is submitted.

8. **Personal Services/Fringes:** Enter total dollar amount of all Provider agency staff salaries and/or benefits which are paid in full or in part from grant funds for this program (fringe benefits are the employer's portion of fringe benefits actually paid on behalf of direct services employees).

9. **Contractual Services:** Enter the total dollar amount of any contractual obligations paid from grant funds. These expenditures may include contractual employees or consultants, utilities, rent or lease of equipment, space or facilities, postage, repair and maintenance of furniture or equipment, software support of products used in support of program objectives, training and educational costs, conference fees, membership dues and fees (agency memberships only), and subscriptions.

10. **Travel:** Enter the total dollar amount for any travel related expenses incurred in completion of program objectives. These expenses include mileage, parking, per diem, meals, lodging and other expenses directly related to travel.

11. **Supplies:** Enter the total dollar amount for supplies used in the completion of program objectives. These expenses may include office supplies, medical supplies, educational and instructional supplies and materials, cleaning supplies, equipment items costing less than $100 each, and printing.

12. **Equipment:** Enter the total dollar amount for equipment purchased for the completion of program objectives, if the cost of the equipment is in excess of $100 per item.
    NOTE: *Written approval from DHS program staff must be obtained for any purchase where the equipment is over $500 and has a useful life of over one year.*

13. **Administrative Costs:** Enter total dollar amount for administrative costs charged by agency.

14. **Authorized Agency Official/Date (Mandatory):** Signature of the Authorized Agency Official and the date this individual approved the report.