State of Illinois
Department of Human Services

Summary Expenditure Documentation Form (EDF)

Printed Name of Person Completing Report: _____

Telephone Number: _____ Extension: _____ Date Submitted: _____

Email Address: _____

Agency Name: _____

Federal Identification Number: _____ Contract Number: _____

Program Name: **Early Intervention** Contract Function: _____

AMOUNT	REPORTING MONTH/DATA DUE BY All reports are due MONTHLY as outlined below with the Due By date.
$	July - **DUE BY SEPTEMBER 1**
$	August - **DUE BY OCTOBER 1**
$	September - **DUE BY NOVEMBER 1**
$	October - **DUE BY DECEMBER 1**
$	November - **DUE BY JANUARY 1**
$	December - **DUE BY FEBRUARY 1**
$	January - **DUE BY MARCH 1**
$	February - **DUE BY APRIL 1**
$	March - **DUE BY MAY 1**
$	April - **DUE BY JUNE 1**
$	May - **DUE BY JULY 1**
$	June - **DUE BY AUGUST 1**
$	**TOTAL YEAR TO DATE**

TITLE OR PURPOSE	TOTAL AMOUNT CLAIMED
PERSONAL SERVICES & FRINGES	S
CONTRACTUAL SERVICES:	S
TRAVEL:	S
SUPPLIES:	S
EQUIPMENT:	S
ADMINISTRATIVE COSTS:	S
TOTAL:	$

☐ **Revised** Revision Date: _____

CERTIFICATION: The provider certifies that the amounts shown on this form (1) are true and correct, (2) have not been falsified or otherwise improperly represented, (3) have been used only for the purpose as set forth in the agreement between the Provider and DHS, (4) are allowable in accordance with the State and Federal laws and regulations, and (5) have not been submitted for payment for any other State agency or entity.

Signature of Authorized Agency Official: _____ Date: _____

Submit one copy to: DHS - Bureau of Early Intervention
823 East Monroe
Springfield, IL 62701
Fax: 217/524-6248

Copies may be sent by mail, fax, or electronically.