

SUMMARY EXPENDITURE DOCUMENTATION FORM

PERSON COMPLETING FORM:			month of service. EX	All reports are due MONTHLY, no later than the 15th of the month following the month of service. EXAMPLE: July report is due August 15th, August report is due September 15th. Please enter the following information each month.			
PHONE & EXT.:			September 15th. Ple	ease enter the foll	owing information eac	h month.	
EMAIL ADDRESS:	Am	Cumulative Amount Year to date		Reporting Month Year			
DATE SUBMITTED:	Teal	to date	Month real				
AGENCY NAME:							
FEIN:							
CONTRACT #:		OOCUMENT #:	Check if revised report				
PROGRAM NAME:							
TITLE/PURPOSE	AMOUNT CLAIMED	COMPONENTS (SPECIFY)					
Personal Services/Fringes:							
Contractual Services:							
Travel:							
Supplies:							
Equipment:							
Other: (Specify)							
MATCH: (IF REQUIRED)							
TOTAL:							
Provider certifies that the am used only for the purpose set regulations, and (5) have not	forth in the Community Serv	ice Agreement between Pro	ovider and DHS, (4) are a				
Authorized Agency Official:_							
Bureau Chief or Designee Approval:		(Initial and D	Date) Date	: <u></u>			
II 444-4292 (N-04-13) Summa	ary Expenditure Documentati	on Form					

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