

**MONTHLY EXPENDITURE PAYMENT VOUCHER**

|  |          |  |          |  |   |                         |                   |
|--|----------|--|----------|--|---|-------------------------|-------------------|
| (a) Grantee Name   |          | (b) Grant Number   | (c) CSFA | (d) CFDA(s)  | (e) Appropriation Number(s) (State Agency Use Only) |                         |                   |
| (f) FEIN Number  | (g) DUNS | (h) Program Name   |          | Line & Amt   | Line & Amt  | Line & Amt              | (i) Date Prepared |
| (j) Agreement Period<br>7/1/2017 through 6/30/2018                                 |          | (k) Interest earned (Award to Date): \$ -  |          | (l) Interest earned (In current reporting period) : \$ - |   | (m) Report Period       |                   |
| (n) Final Report for Award Period <input type="checkbox"/>                         |          | (o) Changes from prior reporting period and/or new expenses <input type="checkbox"/> |          | (p) Indirect Cost Rate:                                  |   | (q) Indirect Cost Base: |                   |
| (r) Program Restrictions: Yes <input type="checkbox"/> No <input type="checkbox"/> |          | (s) List of Restrictions:  |          |  |   |                         |                   |

|  |  |
|--|--|
| (t) Mandatory Match % : Yes <input type="checkbox"/> 0.00% No <input type="checkbox"/> | (u) Specify Match:                                       |
| (v) Program Income (Award to Date): \$0.00   | (w) Program Income (In current reporting period): \$0.00 |

| (x) Category/Program Expenses          | (y) Grant Expenditures         |                                 |                            |  | (z) Current Period Match |        |       | (aa) Total Match (Award to Date) | (bb) Current Approved Budget |                             |         |
|--|--------------------------------|---------------------------------|----------------------------|--|--------------------------|--------|-------|----------------------------------|------------------------------|-----------------------------|---------|
|  | 1 Current Period Grant Expense | 2 Prior Approved Grant Expenses | 3 Grant Expense Adjustment | 4 Post-Adjustment Grant Expenses (Award to Date) | Cash                     | Inkind | Total |                                  | Approved Budget              | Remaining Balance Available | Expend% |
| Personal Services (Salaries and Wages) | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| Fringe Benefits                        | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| Travel                                 | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| Equipment                              | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| Supplies                               | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| Contractual Services                   | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| Consultant (Professional Services)     | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| Construction                           | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| Occupancy - Rent and Utilities         | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| Research and Development( R& D)        | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| Telecommunication                      | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| Training and Education                 | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| Direct Admin Costs                     | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| Other or Misc. Costs                   | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| Grant Exclusive Line item(s)           | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| <b>(cc) TOTAL DIRECT EXPENSES</b>      | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| <b>(dd) Indirect Costs</b>             | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |
| <b>(ee) TOTAL EXPENDITURES</b>         | \$ -                           | \$ -                            | \$ -                       | \$ -   | \$ -                     | \$ -   | \$ -  | \$ -                             | \$ -                         | \$ -                        | 0.00%   |

|   |                      |             |                        |
|---|----------------------|-------------|------------------------|
| (ff) Name and Title of Authorized Grantee Representative: | (gg) Date Submitted: | (hh) Email: | (ii) Telephone Number: |
|---|----------------------|-------------|------------------------|

By signing [authorizing] this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [related] expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

**STATE AGENCY USE ONLY**

|   |                     |                     |
|---|---------------------|---------------------|
| (jj) Name and Title of <u>state agency</u> individual authorized to approve report: | (kk) Date Received: | (ll) Date Approved: |
|---|---------------------|---------------------|