



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: _____ CFC Number: _____

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

AMOUNT	REPORTING MONTH/DATA DUE BY All reports are due MONTHLY as outlined below with the Due By date.
	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: \$ _____ **Revised** Revision Date: _____

TITLE OR PURPOSE	COMPONENTS					
	TOTAL AMOUNT CLAIMED	DEVELOPMENTAL PEDIATRIC CONSULTATION	LOCAL INTERAGENCY COUNCIL	PARENT LIAISON	SERVICE COORDINATION	SOCIAL EMOTIONAL CONSULTANT
PERSONAL SERVICES AND FRINGES	\$	\$	\$	\$	\$	\$
CONTRACTUAL SERVICES	\$	\$	\$	\$	\$	\$
TRAVEL:	\$	\$	\$	\$	\$	\$
SUPPLIES:	\$	\$	\$	\$	\$	\$
EQUIPMENT:	\$	\$	\$	\$	\$	\$
ADMINISTRATIVE COSTS:	\$	\$	\$	\$	\$	\$
TOTAL:	\$	\$	\$	\$	\$	\$

CERTIFICATION: The PROVIDER certifies that the amounts shown on this form are (1) true and correct, (2) have not been falsified or otherwise improperly represented, (3) have been used only for the purpose set forth in the Community Services 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.