State of Illinois
Department of Human Services

SUMMARY EXPENDITURE DOCUMENTATION FORM

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.

PERSON COMPLETING FORM: _____

PHONE & EXT.: _____

EMAIL ADDRESS: _____

DATE SUBMITTED: _____

AGENCY NAME: _____

FEIN: _____

CONTRACT #: _____ DOCUMENT #: _____

PROGRAM NAME: _____

Cumulative Amount Year to date	Reporting Month	Reporting Year

☐ Check if revised report

TITLE/PURPOSE	AMOUNT CLAIMED	COMPONENTS (SPECIFY)			
		Administration	Breastfeeding	Client Services	Nutrition Education
Personal Services/Fringes:	$	$	$	$	$
Contractual Services:	$	$	$	$	$
Travel:	$	$	$	$	$
Supplies:	$	$	$	$	$
Equipment:	$	$	$	$	$
Other: (Specify)	$	$	$	$	$
MATCH: (IF REQUIRED)	$	$	$	$	$
TOTAL:	$	$	$	$	$

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

Authorized Agency Official: _____

Bureau Chief or Designee Approval: _____ (Initial and Date) Date: _____

IL 444-4293 (N-04-13) Summary Expenditure Documentation Form
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