# Expenditure Report

**Contract #:** _____ **Organization Name:**_____ **Expenditure Report #:** _____

**Project Name:**_____ **Reporting Period: Start Date:**_____ **End Date:**_____ **Page #**_____ **of** _____

*(each page must be notarized)*

| Category of Expense & Line Item *from Contract Attachment B - Budget* | Description of Work Task(s) & Associated Materials or Services | Contractor/Vendor/ Employee Name | Invoice/Timesheet / Bill # and Date | Check # and Date | Grant Amount | Match Amount | Total Eligible Amount |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

*(attach additional sheets if necessary)*

**TOTAL (this page):**

I certify that the above expenditures have been made in accordance with the terms of the above-referenced contract; that all of the required payment documentation is on file and will be available for inspection upon request for a period of six (6) years beyond the end of the contract term; that the figures are true and correct; that Grant Amount expenses do not duplicate any items previously reported for reimbursement from any other funding source; and that the Match Amount expenses are not from state or federal funding sources.

Name of Certifying Officer:_____ Title:_____ Signature:_____ Date:_____

STATE OF NEW YORK County of _____

On the _____ day of _____, 20___, before me personally appeared _____, to me known, who being duly sworn, did depose and say that he/she resides at: _____; that he/she is the _____ of the _____, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the Board of said corporation.

(**NOTARY**) _____