



Expenditure Reconciliation Report

Provider: _____
 Contract #: _____
 Period Covered: _____ From XX/XX/XXXX To XX/XX/XXXX

I. PERSONNEL SERVICES

(a) SALARIES	\$ -
(b) FRINGE	\$ -
TOTAL	\$ -

II. EXPENSES

(a) Building Occupancy	\$ -
(b) Professional Services	\$ -
(c) Employee Travel	\$ -
(d) Equipment Costs	\$ -
(e) Supplies	\$ -
(f) Staff Training	\$ -
(f) Incidental Expenses	\$ -
(h) Insurance	\$ -
(i) Interest*	\$ -
TOTAL	\$ -

III. Administration

(a) Rate	10.00%
TOTAL	\$ -
 GRAND TOTAL	 \$ -

* Interest must be reimbursable under 2 CFR §200

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Client ID (NOT SSN)	Date	Description	Amount Paid
Total			\$ -

[illegible]

[illegible]