EXPENDITURE WORKSHEET (page 2)

Date	Item Entry Vendor or Payee	Check # (Receipt must be attached)	Cash Receipt # (must be signed by Payee) (Receipt must be attached)	Utilities	Transportation of Children/meals	Office (Maintenance, Rental)	Mileage (for Monitoring & Reviews)	Audit & Legal Fees	Communication(phone, postage) Cell phone must be in Organization's name and not used for personal use	Publication Fee (cost of ad in newspaper, signage, flyers, etc.)	Other (must specify)

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal 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.

Employee's signature _____ **Date**_____