

**Budget Expenditure Form**

**Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Executive Director:** \_\_\_\_\_

**EIN:** \_\_\_\_\_

**DUNS:** \_\_\_\_\_

<b>A. Budget Categories:</b>	<b>B. OSPF Funds</b>	<b>C. Other Funds (not required)</b>	<b>D. Total Funds</b>
<b>Category I: Personnel Costs</b>			
A1. Personnel			
A2. Fringe Benefits			
<b>Category II: Non-Personnel Costs</b>			
A3. Consultants	<i>Not permissible</i>		
A4. Subscriptions & Publications			
A5. Supplies			
A6. Printing/Copying			
A7. Rent/Lease Expenses			
A8. Phone/Utilities			
A9. Maintenance/Repair			
A10. Rentals			
A11. Insurance			
A12. Motor Vehicle			
A13. Travel-hotel			
A14. Food			
A15. Conference/Training/ Registration			
A16. Equipment/Computer	<i>Not permissible</i>		
A17. Furniture	<i>Not permissible</i>		
<b>E. Totals</b>			

When this form is completed as an expenditure report the person submitting must print or type name and sign the document.

**Prepared By:** \_\_\_\_\_

**Fiscal Signature:** \_\_\_\_\_