

NEW YORK STATE EDUCATION DEPARTMENT
ACCES-VR

INDEPENDENT LIVING CENTERS

QUARTERLY EXPENDITURE REPORT

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	11000																		
2	Agency Name:							Contract Number:											
3	Prepared by:					Phone #:					Contract Period:								
4																			
5	1. Salaries¹			Budget			1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total		Remaining Balance		
6	Job Title			FTE	Avg. Sal.	Total	FTE	Salary Expense	FTE	Salary Expense	FTE	Salary Expense	FTE	Salary Expense	FTE	Salary Expense	FTE	Salary Expense	
7															0.00	0	0.00	0	
8															0.00	0	0.00	0	
9															0.00	0	0.00	0	
10															0.00	0	0.00	0	
11															0.00	0	0.00	0	
12															0.00	0	0.00	0	
13															0.00	0	0.00	0	
14															0.00	0	0.00	0	
15															0.00	0	0.00	0	
16															0.00	0	0.00	0	
17															0.00	0	0.00	0	
18	Total Salaries			0.00		\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	
19																			
20	2. Fringe			Budget			1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total		Remaining Balance		
21	Fringe Type			Amount			Expense		Expense		Expense		Expense		Expense		Expense	Balance	
22															0		0	0	
23															0		0	0	
24															0		0	0	
25															0		0	0	
26															0		0	0	
27	Total Fringe			\$0			\$0		\$0		\$0		\$0		\$0		\$0	\$0	
28																			
29																			
30	3. General Operating Expenses			Budget			1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total		Remaining Balance		
31	Expense Type			Amount			Expense		Expense		Expense		Expense		Expense		Expense	Balance	
32															0		0	0	
33															0		0	0	
34															0		0	0	
35															0		0	0	
36															0		0	0	
37															0		0	0	
38															0		0	0	
39															0		0	0	
40															0		0	0	
41															0		0	0	
42															0		0	0	
43															0		0	0	
44															0		0	0	
45	Total General Operating Expenses			\$0			\$0		\$0		\$0		\$0		\$0		\$0	\$0	
46																			
47	Total Direct Costs (Sum of Items 1 - 3)			\$0			\$0		\$0		\$0		\$0		\$0		\$0	\$0	
48																			

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
49																		
50																		
51	4. Indirect Cost					Budget		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total		Remaining
52						Amount		Expense		Expense		Expense		Expense		Expense		Balance
53	Approved Restricted Indirect Cost Rate (%)															0		0
54	Total Indirect Cost					\$0		\$0		\$0		\$0		\$0		\$0		\$0
55																		
56																		
57	5. Equipment			Budget			1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total		Remaining	
58	Item	Quantity	Unit Cost	Amount			Expense		Expense		Expense		Expense		Expense		Balance	
59															0		0	
60															0		0	
61															0		0	
62															0		0	
63															0		0	
64															0		0	
65															0		0	
66															0		0	
67															0		0	
68	Total Equipment		0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
69																		
70																		
71	6. Purchased Services		Name of	Budget		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total		Remaining		
72	Description of Services		Vendor	Amount		Expense		Expense		Expense		Expense		Expense		Balance		
73														0		0		
74														0		0		
75														0		0		
76														0		0		
77														0		0		
78														0		0		
79														0		0		
80														0		0		
81														0		0		
82														0		0		
83	Total Purchased Services			\$0		\$0		\$0		\$0		\$0		\$0		\$0		
84																		
85	GRAND TOTAL				\$0		\$0		\$0		\$0		\$0		\$0		\$0	
86																		
87	STATEMENT OF CERTIFICATION: I hereby certify that the information contained herein is valid and accurate to the best of my knowledge:																	
88																		
89	Signature of Executive Director or person of comparable authority:														Date:			
90																		
91																		
92																		
93																		
94	*Include all staff attributable to this Agreement. One full-time equivalent (FTE) equals one person working an entire week, each week of the project. Express partial FTE's in decimals, e.g., a counselor working one day per week equals .2 FTE.																	