

QYDS ID# 

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NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**PROGRAM EXPENDITURE REPORT – M&O AND FACILITY REPAIRS**

AGENCY/MUNICIPALITY \_\_\_\_\_ PROGRAM PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

CHECK NUMBER	CHECK DATE	PAYEE NAME	DESCRIPTION	INVOICE DATE OR PERIOD COVERED FOR SERVICES OR TRAVEL	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS
FOR CONTRACT AGENCIES ONLY: REIMBURSEMENT CHECK NUMBER					<b>TOTALS</b>	

SUBMIT ORIGINAL