



QYDS ID#

X	X	X	X	X
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Sullivan County Youth Bureau

PROGRAM EXPENDITURE REPORT – CONTRACTED SERVICES & STIPENDS

AGENCY/MUNICIPALITY _____ PROGRAM PERIOD FROM _____ TO _____

CHECK NUMBER	CHECK DATE	PAYEE NAME	TITLE/SERVICE	SERVICE PERIOD		HOURS WORKED (IF PAID HOURLY)	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS
				FROM	TO			
REIMBURSEMENT CHECK NUMBER FOR CONTRACT AGENCIES ONLY:						TOTALS		

SUBMIT ORIGINAL

