The University of the State of New York
The State Education Department
89 Washington Avenue- 136 EB
Albany, NY 12234

PRIVATE AGENCY
FINAL EXPENDITURE REPORT
SLP-10-F (11/09)

Local Agency Information

Funding Source: _____

Contact Person: _____

Agency Name: _____

Mailing Address: _____
Street

_____
City State Zip Code

Telephone #: ( ) _____ County: _____

E-Mail Address: _____

. . . . . .

INSTRUCTIONS

- Submit ONE signed original report and one copy plus a final narrative and Equipment Inventory (if required) to New York State Education Department, Special Legislative Projects, 89 Washington Avenue – Room 136 EB, Albany, NY 12234.
- Category subtotals must be reported in whole dollar amounts.
- To be in compliance with applicable audit requirements, complete and accurate records must be maintained at the agency level.
- All expenses must be accrued within the approved funding dates of the project.
- Certification on page 5 must be signed by Chief Administrative Officer or designee.
- High quality reproductions of this form may be used.
- For further information on completing the Final Expenditure Report, please call the Special Legislative Projects Unit at (518) 473-5733.

SALARIES FOR STAFF

Include all salaries for staff approved for reimbursement in budget.

Name	Position Title	Actual Service Dates Worked Within Contract Period	Salary Paid
		Subtotal - Salaries	

PURCHASED SERVICES

Service Date	Provider of Service	Check or Journal Entry #	Amount Expended
		Subtotal – Purchased Services	

SUPPLIES AND MATERIALS

Merchandise Receipt Date	Vendor	Check or Journal Entry #	Amount Expended
		Subtotal – Supplies and Materials	

TRAVEL EXPENSES

Dates of Travel	Name of Traveler	Destination and Purpose	Check or Journal Entry #	Amount Expended
			Subtotal – Travel	

EMPLOYEE BENEFITS

List only the total project salary amount for each benefit category. Rates used for contract personnel must be the same as those used for other agency personnel.

Benefit	Project Salaries	Rate	Amount Expended
Social Security			
Retirement			
Health Insurance			
Worker's Compensation			
Unemployment Insurance			
		Subtotal – Employee Benefits	

INDIRECT COST – OVERHEAD

A. Direct Cost Base $_____ (A)

B. Indirect Cost Rate (%) _____% (B)

C. (A) x (B) = Total Indirect Cost **Subtotal** $_____ (C)

MINOR REMODELING

Include expenditures for salaries, associated employee benefits, purchased services and supplies and materials related to alterations to existing sites.

Dates of Service	Provider of Service	Check or Journal Entry #	Amount Expended
		Subtotal – Minor Remodeling	

EQUIPMENT

Items purchased must agree with the type of equipment approved in the project budget.

Date Received	Vendor	Check or Journal Entry #	Amount Expended
		Subtotal - Equipment	

HELPFUL REMINDERS

- Be sure to submit required number of copies to New York State Education Department, Special Legislative Projects, 89 Washington Avenue – Room 136 EB, Albany, NY 12234.
- The SLP-10-F is due within 30 days after the project end date.
- All expenses must be accrued within the approved project funding dates, which are in the contract.
- Be sure to check your math and carry all subtotals forward to the Summary on Page 5. Simple mathematical errors often delay final payments. And remember, use whole dollar only.
- Be sure to include the Contract number.

FINAL EXPENDITURE SUMMARY

Agency Name: _____ Contract #: _____

SUBTOTAL	PROJECT COSTS
Salaries for Staff – (Page 2)	
Purchased Services – (Page 2)	
Supplies and Materials – (Page 2)	
Travel Expenses – (Page 3)	
Employee Benefits – (Page 3)	
Indirect Cost-Overhead – (Page 3)	
Minor Remodeling – (Page 4)	
Equipment – (Page 4)	
Grand Total	

CHIEF ADMINISTRATOR'S CERTIFICATION

I hereby certify that all expenditures reported herein are directly attributable to this project and have been made in accordance with the approved budget and all applicable Federal and State laws and regulations.

_____ _____

Date **Signature**

_____

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Funding Dates: _____/_____/_____ _____/_____/_____

From To

Approved Budget Total: $_____