

**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 the Bureau of Fiscal Management, New York State Education, P.O. Box 7256, Albany, NY 12224.**
- 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.

<b>Name</b>	<b>Position Title</b>	<b>Actual Service Dates Worked Within Contract Period</b>	<b>Salary Paid</b>
<b>Subtotal - Salaries</b>			

**PURCHASED SERVICES**

<b>Service Date</b>	<b>Provider of Service</b>	<b>Check or Journal Entry #</b>	<b>Amount Expended</b>
<b>Subtotal – Purchased Services</b>			

**SUPPLIES AND MATERIALS**

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

**TRAVEL EXPENSES**

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

**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.

<b>Benefit</b>	<b>Project Salaries</b>	<b>Rate</b>	<b>Amount Expended</b>
<b>Social Security</b>			
<b>Retirement</b>			
<b>Health Insurance</b>			
<b>Worker’s Compensation</b>			
<b>Unemployment Insurance</b>			
<b>Subtotal – Employee Benefits</b>			

**INDIRECT COST – OVERHEAD**

- |    |                                 |                          |     |
|----|---------------------------------|--------------------------|-----|
| A. | Direct Cost Base                | \$ _____                 | (A) |
| B. | Indirect Cost Rate (%)          | _____ %                  | (B) |
| C. | (A) x (B) = Total Indirect Cost | <b>Subtotal</b> \$ _____ | (C) |

**MINOR REMODELING**

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

<b>Dates of Service</b>	<b>Provider of Service</b>	<b>Check or Journal Entry #</b>	<b>Amount Expended</b>
<b>Subtotal – Minor Remodeling</b>			

**EQUIPMENT**

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

<b>Date Received</b>	<b>Vendor</b>	<b>Check or Journal Entry #</b>	<b>Amount Expended</b>
<b>Subtotal - Equipment</b>			

**HELPFUL REMINDERS**

- Be sure to submit required number of copies to the Bureau of Fiscal Management, State Education Department, P.O. Box 7256, Albany, NY 12224.
- 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)	
<b>Grand Total</b>	

**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: \$ \_\_\_\_\_