

**NYS Education Department  
89 Washington Avenue  
Room 136 EB  
Albany, NY 12234**

**Interim Project  
Expenditure Report  
SLP-25 (11/14)**

**Contract No.** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Expenditures Reported During The Period (Indicate the time period covered by the reported expenditures in the following spaces):**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

<b><u>Activity</u></b>	<b><u>Expenditure Amount *</u></b>
Salaries for Staff	\$ _____
Purchased Services	\$ _____
Supplies and Materials	\$ _____
Travel Expenses	\$ _____
Employee Benefits	\$ _____
Indirect Cost - Overhead	\$ _____
Minor Remodeling	\$ _____
Equipment	\$ _____
<b>Total</b>	<b>\$ _____</b>

\_\_\_\_\_  
Signature of Chief Financial Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone No.

**\*Do Not Duplicate Previous Expenditure Reports**