

NYS Education Department
89 Washington Avenue
Room 132 EB
Albany, NY 12234

Interim Project
Expenditure Report
SLP-25 (11/09)

Contract No. _____

Agency Name: _____

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

From: _____ To: _____

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

Signature of Chief Financial Officer

Date

Title

Telephone No.

***Do Not Duplicate Previous Expenditure Reports**