QYDS ID#
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## NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

## **PROGRAM EXPENDITURE REPORT - SALARIES**

AGENCY/N	IUNICIPALI			PROGRA	AM PERIOL	FROM	10	
CHECK CHECK		PAYEE NAME	POSITION/TITLE	PAYROLL PERIOD		HOURS WORKED (IF PAID HOURLY)	GROSS AMOUNT	AMOUNT
NUMBER	DATE			FROM	то	PAID HOURLY)	OF CHECK	CHARGEABLE TO OCFS
	RACT AGENC	CIES ONLY: CK NUMBER		•		TOTALS		

SUBMIT ORIGINAL

## PROGRAM EXPENDITURE REPORT – SALARIES INSTRUCTIONS/EXAMPLES

OCFS will accept a computer generated form if it replicates this form. OCFS will also accept computer generated payroll reports that include all of the information below.

CHECK	CHECK	CHECK PAYEE WORKE		HOURS WORKED IF	GROSS AMOUNT	AMOUNT		
NUMBER	DATE (NOTE 1)	NAME	POSITION/TITLE	FROM	то	PAID HOURLY NOTE 3	OF CHECK	CHARGEABLE TO OCFS NOTE 4
2000	01/10/01	John Brown	Director	12/28/00	01/01/01	3 SESSIONS	\$2,000.00	\$150.00
2001	01/10/01	Tim Grant	Recreation Leader	12/28/00	01/10/01	15	\$75.00	\$75.00
IK	01/10/01	Muhammed Raja (IK)	Volunteer Recreation Leader	12/28/00	01/10/01	5	\$25.00	\$25.00
2010	01/24/01	John Brown	Director	01/01/01	01/31/01		\$2.000.00	\$150.00
2011	01/24/01	Tim Grant	Recreation Leader	01/11/01	01/24/01	15	\$75.00	\$75.00
						TOTALS	\$4175.00	\$4175.00
OR								
2000-2009	01/10/01	PAYROLL #1	SEE ATTACHED	12/28/00	01/10/01		\$2,075.00	\$225.00
2010-2020	01/24/01	PAYROLL#2	PAYROLL LISTING	01/11/01	01/24/01		\$2,075.00	\$225.00
FOR CONTRACT AGENCIES ONLY: NOTE 5 REIMBURSEMENT CHECK NUMBER			TOTALS			\$4,150.00	\$450.00	

**NOTES:** (1) Checks must be dated at the end of the payroll period – prepayments are not reimbursable.

- (2) For RHYA programs claiming donated services as in -kind match, indicate (IK) next to the worker's name
- (3) On attached payroll registers, list any required information not already provided on register.
- (4) The Amount Chargeable to OCFS could be less than 100% of the cost, if the employee(s) divide time between OCFS and non-OCFS funded programs. Also, note that when the approved budget or state aid balance is sufficient to cover the amount in the column, reimbursement will be computed on the following basis:

YDP: 100%; RHYA: 60%.

(5) When using a payroll checking account or general checking account to write individual checks, please note the number of the spate bank account check reimbursing the payroll or general account.

**INSTRUCTIONS:** -Vacation time should be noted

- -Employee separation dates should be given (termination, resignation, retirement).
- -Adjustments must be fully explained.