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NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
PROGRAM EXPENDITURE REPORT – M&O AND FACILITY REPAIRS

AGENCY/MUNICIPALITY _____ PROGRAM PERIOD FROM _____ TO _____

CHECK NUMBER	CHECK DATE	PAYEE NAME	DESCRIPTION	INVOICE DATE OR PERIOD COVERED FOR SERVICES OR TRAVEL	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS
FOR CONTRACT AGENCIES ONLY: REIMBURSEMENT CHECK NUMBER					TOTALS	

SUBMIT ORIGINAL