

**New Jersey Department of Health  
REPORT OF GRANT EXPENDITURES**

Reporting Agency	Grant Number	Reporting Period FROM: TO:	Report Number
Address	Grantee Account/Fund Number	Budget Period FROM: TO:	Revision Report No.
City	NJDOH Account Number(s)	Basis of Report <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	<input type="checkbox"/> FINAL
Grant Title			

BUDGET CATEGORIES	ROUND OFF TO NEAREST DOLLAR					
	APPROVED BUDGET		PERIOD EXPENDITURES		CUMULATIVE EXPENDITURES	
	Grant Funds	Other Funds	Grant Funds	Other Funds	Grant Funds	Other Funds
A. PERSONNEL COST						
Salaries/Wages						
Fringe Benefits						
Total						
B. CONSULTANT/PROFESSIONAL SERVICES COST						
Total						
C. OTHER COST CATEGORIES						
Office Expense and Related Cost						
Program Expense and Related Cost						
Staff Training and Education Cost						
Travel, Conferences and Meetings						
Equipment and Other Capital Expenditures						
Facility Cost						
Sub-Grants						
Total						
Total Direct Cost						
Indirect Cost						
Total Cost						
Less Program Income						
<b>NET TOTAL COST</b>						

<p>I certify this report is true and correct and all expenditures reported herein have been made in accordance with the terms and conditions of this grant and are properly reflected in the grantee's accounting records.</p> <p>Name of Chief Financial Officer _____</p> <p>Title _____</p> <p>Signature _____ Date _____</p>	<p>Accepted By:</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Grants Management Officer</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;">_____ Signature</td> <td colspan="3" style="text-align: center;">_____ Date</td> </tr> </table>	Grants Management Officer	Yes	No			<input type="checkbox"/>	<input type="checkbox"/>		_____ Signature	_____ Date			<p>Status of Funds:</p> <table style="width: 100%;"> <tr> <td style="width: 80%;">Cash received to date</td> <td style="width: 20%; text-align: right;">\$</td> </tr> <tr> <td>Less: Cash disbursements as of _____</td> <td></td> </tr> <tr> <td style="text-align: center;">(Date)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Cash Balance as of _____</td> <td></td> </tr> <tr> <td style="text-align: center;">(Date)</td> <td style="text-align: right;">\$</td> </tr> </table>	Cash received to date	\$	Less: Cash disbursements as of _____		(Date)	\$	Cash Balance as of _____		(Date)	\$
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