



CONTRACT TRANSACTION REPORT

The Contract Transaction Report will NOT be processed WITHOUT a Contract Status Report , a Contract Itemization Report and any other required documentation as established in your Contract. Preliminary reports will NOT be accepted .Please submit this form according to the timeline established in your Contract. Forms MUST be submitted to the DCF Contract Administrator assigned to your Contract.

CONTRACT TRANSACTION REPORT (Quarterly)								
Vendor Name				FEIN				Grant Year (from/to) (mm/dd/yyyy)
Street Address*				Contract Number				
City	State		Zip Code*	Contract Amount				Report Period (from/to) (mm/dd/yyyy)
E-Mail				Final Report				
Phone Number		Fax Number					Amount to be Paid	

*Physical address required, including 9-digit zip code

EXPENDITURE INFORMATION							
Line Item	Approved Budget**	Expended to Date	Budget Balance	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Personnel							
Fringe Benefits							
Travel							
Equipment							
Supplies							
Contractual							
Building							
Training							
Other (specify)							
Other (specify)							
Other (specify)							
Indirect Costs***							
Total Expense							

**When there has been an approved/signed Revision or Amendment to the Contract, the figures in the Approved Budget column must be adjusted accordingly

***Indirect Costs may not exceed 10% of the Contract Budget.

CERTIFICATION: Contract Project Director - I certify that to the best of my knowledge and belief, this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

Contract Project Director Signature _____ Date _____

DCF Contract Administrator	Signature _____	Date _____
DCF OGC Grant and Contract Specialist	Signature: _____	Date _____

Has a Status Report for this reporting period been submitted?	
<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
Has a Budget Itemization Report for this period been submitted?	
<input type="checkbox"/>	YES
<input type="checkbox"/>	NO