



# 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 (MONTHLY- SFY)													
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	July	August	September	October	November	December	January	February	March	April	May	June
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?

YES  
 NO

Has a Budget Itemization Report for this period been submitted?

YES  
 NO