Attachment E4 DCF Kansas Rehabilitation Services Grant Transaction Report

Grantee Agency /Address	Grant Number	FEIN	Amount to be Paid:	For State Use Only			
Name of CIL			xxxxxx	PO #		Voucher #	
Street Address	Grant Period	Budget Period		Total Current Period Expenses	Advance Deducted	Adjustment (+ or -)	Total Warrant Amount
City, State, zipcode	07/01/2012/-06/30-/2013	from 7/1/2012	to 6/30/2013				
E-mail:	Grant Amount	This report is for the period:		Program	Fund/Budget Unit	Account	Amount
	$	from xx/xx/xx	to xx/xx/xx				
Phone #:	Fax #:	Agency ID	SPEED ID				
( ) -	( ) -		SPEED ID				
		Loc.	SPEED ID				

EXPENDITURE INFORMATION

Line Item	Approved Budget	Expenses to Date	Budget Balance	July	August	September	October	November	December	January	February	March	April	May	June
Personnel		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Taxes/Fringe		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Travel		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Equipment		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Supplies		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Contractual		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Building		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total (Direct)		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Indirect		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Expense		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Authorized Project Official- 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.

Signature CIL Director **Signature:** _____ **Date:** _____

KRS Program Manager: **Signature:** _____ **Date:** _____

KRS Fiscal: **Signature:** _____ **Date:** _____

12/12/2011