

SRS Kansas Rehabilitation Services Grant Transaction Report																
Grantee Agency /Address			Grant Number	FEIN		Amount to be Paid:		For State Use Only								
Name of CIL Street Address City, State, zipcode							XXXXXX	PO #		Voucher #						
			Grant Period	Budget Period			Total Current Period Expenses	Advance Deducted	Adjustment (+ or -)	Total Warrant Amount						
			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: