State of Now York
DIVISION FOR YOUTH
Form DFY-3125 (Rev. 7/90)

PROGRAM EXPENDITURE SUMMARY

CONTRACT NUMBER: C- I

PROJECT CODE/PROGRAM NUMBER:

☐ 1 YDDP Regular (Check one of the following): ☐ R Recreation ☐ S Youth Service ☐ B Youth Bureau ☐ I Youth Initiative

☐ 5 Runaway ☐ 4 Homeless ☐ 2 Special Delinquency Prevention ☐ 3 Special Legislative ☐ Other-_____
☐ Type A ☐ Type B

FOR THE _____ MONTH PERIOD ENDING _____

AGENCY NAME: _____

NOTE:YD/DPAND RUNAWAY/HOMELESS PROGRAMS COMPLETE COLUMN 2 ONLY, INCLUDING'STATEAID REQUESTED', 13LOCK_& BELOW. ALL OTHER PROGRAMS COMPLETE COLUMNS 1 THROUGH 4.

BUDGET CATEGORY	GAAP CODE	(1) BUDGETED AMOUNT ☐As Amended	(2) EXPENDED THIS PERIOD	(3) CUMULATIVE EXPENSES TO DATE	(4) BALANCE REMAINING
PERSONAL SERVICE: SALARIES AND WAGES	41100	$	$	$	$
FRINGE BENEFITS	58800				
I. TOTAL PERSONAL SERVICE:		$	$	$	$
SERVICES- CONTRACT 2. CONSULiANTS/SERVICES/STIPENDS	55910	$	$	$	$
MAINTENANCE AND OPERATION: CONSUMABLE SUPPLIES	53690	$	$	$	$
MAINTENANCE/EQUIPMENT REPAIRS	53700				
EQUIPMENT RENTALS	55100				
EQUIPMENT PURCHASES	57900				
SPACE RENTALS	55400				
TRAVEL	54900				
INSURANCE	55950				
UTILITIES AND TELEPHONES	55560				
OTHER COSTS	58000				
3TOTAL MAINTENANCE & OPERATION		$	$	$	$
FACILITY REPAIRS: 4. REPAIRS	55300	$	$	$	$
GRAND TOTALS:		$	$	$	$
JLJ STATE AID REQUESTED:			$		

PREPARED BY: _____
Name Title Date

CERTIFICATION: I certify that the above information is just, true, and correct; that the expenses for this period have not been previously claimed; and that such expenditures are proper and necessary for the program.

SIGNATURE: _____ _____
Fiscal Off leer or Program Director Title Date

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