

RYAN WHITE - PART A - CUMULATIVE CONTRACT EXPENDITURE REPORT

Contractor's Name Month

Vendor Address

Vendor Code Purchase Order #

	(A)	(B)	(C)	(D)	(E)	(F)
Type of Expense	Approved Budget Amount	Prior Cumulative Expenditures	Current Expenditures for Reimbursement	Total Cumulative + Current Reimbursement (B+C)	Balance (A-D)	% Expended to Date (D/A)
A. Personnel Services						
Salaries						
Fringe Benefits						
B. Materials/Supplies						
Drugs ADAP Stoppag						
Other Medications						
Medical Supplies						
Office Supplies						
C. Printing						
D. Equipment						
Office Facility						
E. Employee Travel						
F. Client Transportation						
G. Space						
Rent						
Utilities						
Telephone						
H. Audit/Financial Statement						
I. Insurance						
J. Other SPECIFY						
Labs						
K. Subcontractual Services						
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%

We, the undersigned, certify that the Expenditures reported have been made for Program Accomplishments within approved budget items.

Signature of Programmatic Designee Date Signature of Fiscal Designee Date

FOR RYAN WHITE OFFICE USE ONLY

Category	Funding Line	Amount	Corrected Invoice (Circle One)	Yes No
Formula	461 118 H611 1200	\$ -		
Supplemental	461 118 H616 1200	\$ -		
MAI	461 118 H615 1200	\$ -		
Carryover	461 118 H617 1200	\$ -		

Approved for Payment, Project Officer Date Approved For Payment, Director Date

FOR THE ELECTRONIC VERSION OF THIS FORM PLEASE CONTACT YOUR PROJECT OFFICER