

DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
HUMAN SERVICE AGREEMENTS  
DHMH 438  
INTERIM REPORT OF ACTUAL EXPENSES, RECEIPTS  
AND PERFORMANCE MEASURES

**SECTION I.**

1) VENDOR NAME \_\_\_\_\_

2) VENDOR ADDRESS \_\_\_\_\_

3) CITY/STATE/ZIP \_\_\_\_\_

4) PROJECT TITLE \_\_\_\_\_

5) TELEPHONE NUMBER \_\_\_\_\_

6) CONTACT PERSON \_\_\_\_\_

7) DIRECTOR'S NAME \_\_\_\_\_

8) FEDERAL EMPLOYER ID \_\_\_\_\_

9) CONTRACT AWARD# \_\_\_\_\_

10) STATE FISCAL YEAR \_\_\_\_\_

11) REPORT PERIOD \_\_\_\_\_ TO \_\_\_\_\_

By my signature, I attest that the information contained is correct, that payment requested is just and correct and that payment has not been requested previously.

12) SIGNATURE \_\_\_\_\_  
BLUE INK DATE

**SECTION II.  
SUMMARY OF EXPENDITURES**

LINE ITEMS MAY NOT BE CHANGED	APPROVED TOTAL PROGRAM BUDGET	ACTUAL EXPEND. THRU	VARIANCE UNDER (OVER)
SALARIES/SPECIAL PMTS			
FRINGE			
CONSULTANTS			
EQUIPMENT			
PURCHASE OF SERVICE			
RENOVATION			
CONSTRUCTION			
REAL PROPERTY PURCHASE			
UTILITIES			
RENT			
FOOD			
MEDICINES & DRUGS			
MEDICAL SUPPLIES			
OFFICE SUPPLIES			
TRANSPORT/TRAVEL			
HOUSEKEEPING/ MAINTENANCE/REPAIRS			
POSTAGE			
PRINTING/DUPLICATION			
STAFF DEVELOPMENT/ TRAINING			
CLIENT ACTIVITIES			
ADVERTISING			
LEGAL/ACCOUNTING AUDIT			
OTHER			
TOTAL DIRECT COSTS			
INDIRECT COST			
TOTAL			

**SECTION III  
SUMMARY OF RECEIPTS**

SOURCE OF FUNDS	ACTUAL RECEIPTS	DPCA ONLY
DHMH		
OTHER STATE		
LOCAL GOVT.		
DIRECT FEDERAL		
FUND RAISING		
UNITED CHARITIES		
INTEREST		
CARRYOVER		
FOOD STAMPS		
OTHER (SPECIFY)		
-CLIENT FEES-		
PRIVATE PAY		
MEDICAID		
MEDICARE		
INSURANCE		
SSI		
OTHER (SPECIFY)		
TOTAL		

**SECTION IV. PERFORMANCE MEASURES**

PERFORMANCE MEASURE	BUDGET ESTIMATE	YTD THRU