|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PREPARED BY: | | | JUDICIAL DISTRICT: | | | |
| TITLE: Community CorrectionsFinancial Expense Report | | | FISCAL YEAR:  **From** .  **To** . | | | |
| DATE  PHONE . | | | TYPE OF REPORT (CHECK ONE)  1st & 2ND Quarter (Jul – Dec)  3rd & 4th Quarter (Jan – Jun) | | | |
| **4% Administrative Allocation - Balance Forward from Previous Year:** | | | | | $ | |
| **4% Administrative Allocation - Amount Received to Date:** | | | | | $ | |
| **4% Administrative Allocation - Total Expenditures** | | | | | $ | |
| CATEGORY | **EXPENDITURES** | | | | | |
| **A**  July  through December | **B**  January  through June | | **E**  **TOTAL**  **TO DATE**  (A+B) | |
| **Personnel** |  |  | |  | |
| **Supplies & Operating** |  |  | |  | |
| **Travel** |  |  | |  | |
| **Equipment** |  |  | |  | |
| **Indirect Costs** |  |  | |  | |
| **Consultants and Professional Services** |  |  | |  | |
| **TOTALS** |  |  | |  | |

**REQUIRED SIGNATURE**: I certify that, to the best of my knowledge and belief, this report is correct and complete, and that all expenditures are for the purpose set forth in the contract documents.

Person completing the form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Signature

SUBMIT SIGNED FORM, WITH ORIGINAL SIGNATURE, TO DCJ NO LATER THAN 30 DAYS AFTER THE END OF EACH QUARTER. ALL SUPPORTING DOCUMENTATION MUST BE SUBMITTED WITH THE FINANCIAL EXPENSE REPORT.