



Contractor _____

Month/Yr. _____

Monthly-Itemized Expenditure Form

Section 1: Category: Salary (Back up includes Paycheck Stubs, proof of payment)

Staff/Position:	% used:	Salary Amount Requested	LCTF Staff all docs attached
Section 1: Total Salary for the Month			

Section 2: Fringe (Back up includes itemized invoices, proof of payment)

Staff/Type:	% used:	Fringe Amount Requested	LCTF Staff all docs attached
Section 2: Total Fringe for the Month			

Section 3: Category: Travel (Refer to the LA State Travel Guide PPM49)

Staff/Position:	Traveling Amount Requested	LCTF Staff all docs attached
Section 3: Total Travel for the month		

Section 4: Category: Operating Service (Back up includes itemized invoices, proof of payment)

Expense Items:	% used:	Operating Amount Requested	LCTF Staff all docs attached
Section 4: Total Operating Monthly Expenses			

Section 5: Category: Supplies (Back up includes itemized invoices, proof of payment)

Supply Items:	% used:	Supplies Amount Requested	LCTF Staff all docs attached
Section 5: Total Supplies for the month			



Itemized Monthly Expenditure Cont.

Contractor _____

Month/Yr. _____

Section 6: Category: Professional (Back up includes itemized invoices, proof of payment)

Professional Name & Service	% used:	Professional Amount Requested	LCTF Staff all docs attached
Section 6: Total Professional for the month			

Section 7: Category: Other Charges (Back up includes itemized invoices, proof of payment)

Other Charges (list items)	% used:	Other Charges Amount Requested	LCTF Staff all docs attached
Section 7: Total Other Charges for the month			

Section 8: Category: Equipment/Acquisitions (Back up includes itemized invoices, proof of payment)

Equipment/Acquisitions (list items)	% used:	Indirect Cost Amount Requested	LCTF Staff all docs attached
Section 8: Total Equipment/Acquisitions for the month			

Section 9: Category: Indirect Cost (Back up includes itemized invoices, proof of payment)

Indirect Costs (list items)	% used:	Indirect Cost Amount Requested	LCTF Staff all docs attached
Section 9: Total Indirect Cost for the month			

Monthly Budget Summary

Budget Item	Contract Monthly Total
Section 1: Salary	
Section 2: Fringe	
Section 3: Travel Expense	
Section 4: Operating Service	
Section 5: Supplies	
Section 6: Professional	
Section 7: Other	
Section 8: Equipment/Acquisitions	
Section 9: Indirect Cost	
Total Amount of Request	

Contractor's Authorized Representative / Date

LCTF Representative / Date