

**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** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **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 |  |

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 Contractor’s Authorized Representative / Date LCTF Representative / Date