Monthly-Itemized Expenditure Form

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

<table>
<thead>
<tr>
<th>Staff/Position</th>
<th>% used</th>
<th>Salary Amount Requested</th>
<th>LCTF Staff all docs attached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Section 1: Total Salary for the Month

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

<table>
<thead>
<tr>
<th>Staff/Type</th>
<th>% used</th>
<th>Fringe Amount Requested</th>
<th>LCTF Staff all docs attached</th>
</tr>
</thead>
<tbody>
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</table>

Section 2: Total Fringe for the Month

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

<table>
<thead>
<tr>
<th>Staff/Position</th>
<th>Traveling Amount Requested</th>
<th>LCTF Staff all docs attached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Section 3: Total Travel for the month

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

<table>
<thead>
<tr>
<th>Expense Items</th>
<th>% used</th>
<th>Operating Amount Requested</th>
<th>LCTF Staff all docs attached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Section 4: Total Operating Monthly Expenses

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

<table>
<thead>
<tr>
<th>Supply Items</th>
<th>% used</th>
<th>Supplies Amount Requested</th>
<th>LCTF Staff all docs attached</th>
</tr>
</thead>
<tbody>
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</table>

Section 5: Total Supplies for the month
## Section 6: Category: Professional
(Back up includes itemized invoices, proof of payment)

<table>
<thead>
<tr>
<th>Professional Name &amp; Service</th>
<th>% used</th>
<th>Professional Amount Requested</th>
<th>LCTF Staff all docs attached</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Section 6: Total Professional for the month**

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

<table>
<thead>
<tr>
<th>Other Charges (list items)</th>
<th>% used</th>
<th>Other Charges Amount Requested</th>
<th>LCTF Staff all docs attached</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Section 7: Total Other Charges for the month**

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

<table>
<thead>
<tr>
<th>Equipment/Acquisitions (list items)</th>
<th>% used</th>
<th>Indirect Cost Amount Requested</th>
<th>LCTF Staff all docs attached</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Section 8: Total Equipment/Acquisitions for the month**

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

<table>
<thead>
<tr>
<th>Indirect Costs (list items)</th>
<th>% used</th>
<th>Indirect Cost Amount Requested</th>
<th>LCTF Staff all docs attached</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Section 9: Total Indirect Cost for the month**

### Monthly Budget Summary

<table>
<thead>
<tr>
<th>Budget Item</th>
<th>Contract Monthly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1: Salary</td>
<td></td>
</tr>
<tr>
<td>Section 2: Fringe</td>
<td></td>
</tr>
<tr>
<td>Section 3: Travel Expense</td>
<td></td>
</tr>
<tr>
<td>Section 4: Operating Service</td>
<td></td>
</tr>
<tr>
<td>Section 5: Supplies</td>
<td></td>
</tr>
<tr>
<td>Section 6: Professional</td>
<td></td>
</tr>
<tr>
<td>Section 7: Other</td>
<td></td>
</tr>
<tr>
<td>Section 8: Equipment/Acquisitions</td>
<td></td>
</tr>
<tr>
<td>Section 9: Indirect Cost</td>
<td></td>
</tr>
<tr>
<td><strong>Total Amount of Request</strong></td>
<td><strong>Total Amount of Request</strong></td>
</tr>
</tbody>
</table>

Contractor’s Authorized Representative / Date

LCTF Representative / Date