

**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