

CONTRACTOR	CONTRACT NUMBER	CONTRACT AMOUNT	REPORT PERIOD	AMENDMENT
				<input type="checkbox"/> Yes

SECTION 10: ADMINISTRATIVE COSTS

1	Salaries and Wages	
2	Fringe Benefits	
3	Operating Expenses	
4	Equipment	
5	Out of State Travel	
6	Subcontractor Services	
7	Other Costs	
8.	SUBTOTAL ADMINISTRATIVE COSTS	\$

SECTION 20: PROGRAM COSTS

1	Salaries and Wages	
2	Fringe Benefits	
3	Operating Expenses	
4	Equipment	
5	Out of State Travel	
6	Subcontractor Services	
7	Other Costs	
8.	SUBTOTAL PROGRAM COSTS	\$

SECTION 30: TOTAL REPORT PERIOD EXPENDITURES	\$
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SUBCONTRACTOR’S CERTIFICATION:
I certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named Agency, Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.

Authorized Person (Print Name/Title)	Signature:	Date:

SCCAA ACCOUNTING USE ONLY

Payment:	Account #:
Approved By:	Date: