

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
AFFIDAVIT OF EXPENDITURES
PART C OF IDEA INFANT TODDLER SERVICES**

GRANTEE NAME/TITLE OF AWARD: _____

Person who can answer questions regarding this report: _____

PHONE: _____ REPORT PERIOD: _____

EXPENDITURE CLASSIFICATION	Total Salary For Report Period	% Part C Time Worked for Period	Local Expenditure Amount
SALARIES (Including fringe benefits) List name & position of employee			
Sub-total Salaries			0.00
TRAVEL (provide brief detail)			
Sub-total Travel			0.00
SUPPLIES (Itemize/provide brief detail)			
Sub-total Supplies			0.00
CAPITAL EQUIPMENT (ITEMIZE) (List each item, make, model, serial#; include copy of invoice)			
Sub-total Capital Equipment			0.00
OTHER (ITEMIZE)			
Sub-total Other			0.00
AFFIDAVIT TOTALS			0.00

The local agency administrator below certifies that this report is in agreement with the agency official accounting records and that individual employee time reports are maintained documenting time charged to this program.

AUTHORIZED SIGNATURE: _____ Date: _____

SFY2016 KDHE USE ONLY: _____ Audited by: _____ *Attach additional sheet(s) as

Grant Expenditure Amount	Total Expenditure Amount
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
0.00	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
0.00	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
0.00	0.00
0.00	0.00

necessary