

CONTRACT # _____

OR

PROGRAM # _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
PROGRAM EXPENDITURE REPORT – FRINGE BENEFITS

AGENCY/MUNICIPALITY _____

PROGRAM PERIOD FROM _____ TO _____

CHECK NUMBER	CHECK DATE	PAYEE NAME	TYPE OF FRINGE BENEFIT	SERVICE PERIOD		GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS
				FROM	TO		
REIMBURSEMENT CHECK NUMBER FOR CONTRACT AGENCIES ONLY:					TOTALS		

