

OFFICE OF NUTRITION SERVICES

Monthly Expenditure Report

Grantee Name

LINE ITEMS	BUDGETED AMOUNTS (Annual)	Previous Expended Nutrition Services	Current Month Nutrition Services	Previous Expended Breastfeeding	Current Breast Feeding Expenses	Previous Expended Client Services	Current Client Services Expenses	Previous Expended Admin.	Current Month Administration Expenses	Current Month Total Expenditures	YEAR TO DATE EXPENDED	REMAINING ON CONTRACT
Personnel		0	0	0	0	0	0	0	0	0	0	0
Fringe Benefits		0	0	0	0	0	0	0	0	0	0	0
Equipment		0	0	0	0	0	0	0	0	0	0	0
Supplies		0	0	0	0	0	0	0	0	0	0	0
Contractual Costs		0	0	0	0	0	0	0	0	0	0	0
Constuction		0	0	0	0	0	0	0	0	0	0	0
Other		0	0	0	0	0	0	0	0	0	0	0
Subgrants		0	0	0	0	0	0	0	0	0	0	0
Indirect Costs		0	0	0	0	0	0	0	0	0	0	0
Breast Feeding Peer Counselor Hrs.		0	0	0	0	0	0	0	0	0	0	0
OAF 1		0	0	0	0	0	0	0	0	0	0	0
OAF 2		0	0	0	0	0	0	0	0	0	0	0
OAF 3		0	0	0	0	0	0	0	0	0	0	0
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>