



**EXPENDITURE REPORT**  
**Project Safe Neighborhoods (PSN)**  
**OFFICE OF ATTORNEY GENERAL**

G:/GRANTS/FORMS MISCELLANEOUS/EXPENDITURE REPORT.xls  
 Jul-99

| Implementing Agency               |      |              |              |           |           |           | Grant Number |
|-----------------------------------|------|--------------|--------------|-----------|-----------|-----------|--------------|
| Check or Invoice Number           | Date | To Whom Paid | Total Amount | Personnel | Operating | Equipment | Other        |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
|                                   |      |              | -            |           |           |           |              |
| <b>Total Current Expenditures</b> |      |              | -            | -         | -         | -         | -            |
| <b>Total Previously Reported</b>  |      |              | -            |           |           |           |              |
| <b>Total Expenditures To Date</b> |      |              | -            | -         | -         | -         | -            |

NOTE: All expenditures must have adequate supporting documentation before reimbursement will be processed. Please provide supporting documentation of the separate accounting of the receipt of federal and matching funds.

Certification: I certify that this report represents actual receipts of expenditures of funds for the period covered and for the total grant period to date, all made in accordance with the approved budget for the above-mentioned grant.

\_\_\_\_\_  
 Signature of Fiscal Officer

\_\_\_\_\_  
 Date