

**KDHE – BUREAU OF ENVIRONMENTAL REMEDIATION
 DRYCLEANING FACILITY RELEASE TRUST FUND
 AFFIDAVIT OF EXPENDITURES**

1. PAYEE NAME: _____
 PHONE: _____
 2. REPORT PERIOD: _____
 3. PROJECT TITLE: _____
 4. REMEDIAL ACTIVITIES: _____

See completion instructions on reverse side.

***SUBMIT 2
 COPIES***

EXPENDITURE CLASSIFICATION	TOTAL AMOUNT
5. SALARIES (Including Fringe Benefits)	
6. TRAVEL	
7. SUPPLIES	
8. CAPITAL EQUIPMENT (List each item make, model, serial #, include copy of invoice). Sub-total Capital Equipment:	
9. OTHER (List each item/costs) Sub-Total Other:	
10. AFFIDAVIT TOTAL (Add Lines 4-8)	

The above amounts are in agreement with the official accounting records. Individual Employee time reports are maintained and are on file documenting time charged to this project.

11. AUTHORIZED SIGNATURE: _____

DATE: _____

KDHE USE ONLY: AUDITED BY: _____
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COMPLETION INSTRUCTIONS FOR AFFIDAVIT OF EXPENDITURES

1. Print or type the name of the Drycleaning Facility Release Trust Fund (DFRTF) applicant. Please include the applicant phone number.
2. Print or type the reporting quarter or period, listing the months covered by the Affidavit.
3. Print or type the project name, address, and KDHE project number.
4. Please provide a brief description of the remedial activities performed at the site for which reimbursement is sought.
5. Record in the appropriate space(s) the actual salaries including fringe benefits paid to contractors/ subcontractors that are chargeable to the drycleaner remediation project. **NOTE:** All salary amounts charged must be supported in your accounting records by the individual employee time sheets.
6. Record in the appropriate space(s) any authorized travel chargeable to the drycleaner remediation project. **NOTE:** All travel charged against the project must be supported in your accounting records by the traveling employee's time sheet.
7. Record in the appropriate space(s) the supplies amount chargeable to the drycleaner remediation project, as supported by your accounting records.
8. Record in the appropriate space(s) any Capital Outlay (items costing \$75 or more with useful life greater than one year) chargeable to the drycleaner remediation project. **NOTE:** All Capital Outlay expenditures charged against the project must be preauthorized by the Kansas Drycleaning Program Unit Manager. **Copies of the invoices for such items must be attached. Include the make, model and serial number of the item, if appropriate.**
9. Record all other expenditures in the appropriate space(s) that are chargeable to the drycleaner remediation project, as supported by your accounting records. **NOTE:** Items and their cost(s) are to be listed individually.
10. Add lines 5 through 10 for the Affidavit Total.
11. The affidavit must be signed and dated by the DFRTF applicant.

NOTE: DFRTF applicant may provide an alternative expenditure classification breakdown, if necessary, to more easily present costs associated with remedial activity. However, supporting documentation must be provided, detailing all costs.