

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
AFFIDAVIT OF EXPENDITURES

- 1. GRANTEE NAME: _____
- 2. REPORT PERIOD: _____
- 3. GRANT TITLE: _____

Submit 1 original and 1 copy of the affidavit form; however, only one copy of the backup documentation is needed.

	Expenditure Classification	Local Match Amount	Grant Amount	Total Amount
4.	SALARIES (Including Fringe Benefits)			
5.	TRAVEL			
6.	SUPPLIES			
7.	CAPITAL EQUIPMENT (List each item, include invoice)			
	Sub-total Cap. Equip.			
8.	OTHER (List each item & cost)			
	Sub-total Other			
9.	AFFIDAVIT TOTAL THIS PAGE (Add lines 4 - 8)			
10.	TOTAL FROM SECOND PAGE			
11.	GRAND TOTAL (Both Pages)			

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

SIGNATURE: _____

DATE: _____

KDHE USE ONLY:
Audited By: _____
Date: _____

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
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Page 2

GRANTEE NAME: _____

REPORT PERIOD: _____

GRANT TITLE: _____

	Expenditure Classification	Local Match Amount	Grant Amount	Total Amount
7a.	CAPITAL EQUIPMENT (List each item, include invoice)			
	Sub-total Cap. Equip. - Page 2			
8a.	OTHER (List each item & cost)			
	Sub-total Other – Page 2			
9a.	TOTAL THIS PAGE (Add lines 7 - 8) (put on line 10 of page 1)			