

**RYAN WHITE - PART A - CUMULATIVE CONTRACT EXPENDITURE REPORT**

Contractor's Name  Month

Vendor Address

Vendor Code  Purchase Order #

	(A)	(B)	(C)	(D)	(E)	(F)
Type of Expense	Approved Budget Amount	Prior Cumulative Expenditures	Current Expenditures for Reimbursement	Total Cumulative + Current Reimbursement (B+C)	Balance (A-D)	% Expended to Date (D/A)
<b>A. Personnel Services</b>						
Salaries						
Fringe Benefits						
<b>B. Materials/Supplies</b>						
Drugs ADAP Stopgap						
Other Medications						
Medical Supplies						
Office Supplies						
<b>C. Printing</b>						
<b>D. Equipment</b>						
Office						
Facility						
<b>E. Employee Travel</b>						
<b>F. Client Transportation</b>						
<b>G. Space</b>						
Rent						
Utilities						
Telephone						
<b>H. Audit/Financial Statement</b>						
<b>I. Insurance</b>						
<b>J. Other SPECIFY</b>						
Labs						
<b>K. Subcontractual Services</b>						
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%

We, the undersigned, certify that the Expenditures reported have been made for Program Accomplishments within approved budget items.

Signature of Programmatic Designee      Date      Signature of Fiscal Designee      Date

**FOR RYAN WHITE OFFICE USE ONLY**

Category	Funding Line	Amount		
Formula	461 118 H611 1200	\$ -	<b>Corrected Invoice (Circle One)</b>	<b>Yes</b>
Supplemental	461 118 H616 1200	\$ -		<b>No</b>
MAI	461 118 H615 1200	\$ -		
Carryover	461 118 H617 1200	\$ -		

Approved for Payment, Project Officer      Date      Approved For Payment, Director      Date

**FOR THE ELECTRONIC VERSION OF THIS FORM PLEASE CONTACT YOUR PROJECT OFFICER**