	Schedule of Expenditure Accruals										
Agency Na	ame:						City Contract N				
Grant/Funding Source: Funding Stream:						•	Contract Period	d:			
					•		For the Period				
			I								
	Date Cost		Company	City Budget			Status as of uidated	Unliquidated			
Ref#	Incurred	Vendor Name	General Ledger Account	City Budget Line Item	Accrued Amount	Date	Amount	Balance	Remarks		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I) = (F)-(H)	Remarks		
(* 5)	(-)	(0)	(-)	(= /	(.)	(-)	(**)	-			
								-			
								-			
								-			
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								-			
	Total				_		_	_			

General Ledger vs. Expenditure Report Reconciliation

Name: Program Year:	Contract #: Grant:				Qtr End:					
GL Account #	Account Name	Admin (A)	Approved Budg Program (B)	Total (C)=(B+C)	General Ledger (D)	Admin (E)	penditure Rep Program (F)	Total (G)=(E+F)	Difference (H)=(D-G)	Remarks
PERSONNEL COSTS										

GL				proved Budget		Expenditure Repo			4	
Account #	Account Name	Admin	Program	Total	Ledger	Admin	Program	Total	Difference	Remarks
		(A)	(B)	(C)=(B+C)	(D)	(E)	(F)	(G)=(E+F)	(H)=(D-G)	
PERSONNEL CO	OSTS) /	`		, i					
	Salaries			-				-	_	
	Fringe Benefits									
	FICA			-				-	_	
	SUI			-				-	-	
	Medical & Others			-				-	-	
	Dental/Vision/Life			-				-	-	
	Life			-				-	-	
	Workers Comp-Staff			-				-	-	
	Long Term Care			-				-	-	
	Pension			-				-	-	
	Subtotal: Fringe Benefits	-		-				-	-	
	Total: Personnel Costs	-	-	-	-	-	-	-	-	
OTHER COSTS:										
				-				-	-	
				-				-	-	
				-				-	-	
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				-				-	-	
				-				-	-	
				-				-	-	
				-				-	-	
				-				-	-	
	Total: Other Costs	-	-	-	-	-	-	-	-	
PARTICIPANT-R	ELATED COSTS:									
				-				-	-	
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				-				-	-	
ļ				-				-	-	
	Total: Participant-Related Costs	-	-	-	-	-	-	-	-	

General Ledger vs. Expenditure Report Reconciliation

Name: Program Year:		-	Contract #: Grant:				Qtr End:			
GL Account #	Account Name Admin		Approved Budget Program Total		General Ledger	Admin	_		Difference	Remarks
SUBCONTRACT	TOP COSTS:	(A)	(B)	(C)=(B+C)	(D)	(E)	(F)	(G)=(E+F)	(H)=(D-G)	
SOBCONTRACT	CR 50515.			-				-	-	
				-				_	_	
				-				-	-	
				-				-	-	
	Total: Subcontractor Costs	-	-	-	-	-	•	-	-	
INDIRECT COST	rs:									
				-				-	-	
				-				-	-	
0.1 D. T. L. 0.0 D. T.	Total: Indirect Costs	-	-	-	-	-		-	-	
CAPITAL COSTS										
				-				-	-	
	Total: Capital Costs	_	_		_	-	_	-	-	
	GRAND TOTAL	-	-	-	-	-		-		
Prepared By: Name: Reviewed and A Name:	pproved By:	_ Title:			Date:					