

# YOUR AGENCY'S NAME

AGENCY'S ADDRESS

**Budget Expenditure Table 2006-07**

**Program Year: 08/1/06 to 6/30/07**

**Invoice Number: 1**

**Invoice Period: 09/1/06 to 09/30/06**

**Name of Agency: SAMPLE AGENCY**

**for HIPPY program in : EXAMPLE (County)**

New program  Continuing program  Expansion

**Serving 46 children**

*I certify that these figures are an accurate accounting and in compliance with applicable federal cost accounting principles (OMB Circulars A-21, A87 or A-122)*

**Signature of Authorizing Agent:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Title of Authorizing Agent:** \_\_\_\_\_

Item	BUDGET	Cumulative Expenditures	Expenditure Invoice Period August, 2006	Remaining Balance
<b>SALARIESFRINGE (by employee)</b>				
Coordinator	30,693	3,178.96	3,178.96	27,514.04
Home Visitor 1	23,389	2,281.87	2,281.87	21,107.13
Home Visitor 2	17,100	1,697.35	1,697.35	15,402.65
Home Visotor 3				
Home Visitor 4				
<b>FEES TO HIPPY USA</b>				
Licensing, Program Services, Program Dev.				
Preservice Training (for New Coordinator ONLY)				
<b>TRAVEL</b>				
Preservice Training, National, State and other Confs.	200	31.07	31.07	168.93
Home Visits	3,700	241.20	241.20	3,458.80
<b>MATERIALS</b>				
HIPPY Curriculum				
Other Curriculum materials	808	195.43	195.43	612.57
Office Supplies	300			300.00
<b>OTHER - Itemize by category</b>				
Item 1				
Item 2				
<b>Total Direct Costs</b>	<b>76,190</b>	<b>7,625.88</b>	<b>7,625.88</b>	<b>68,564.12</b>
Indirect Costs (@ 5% of Direct Costs)	3,810	381	381	3,428.21
<b>TOTAL COSTS</b>	<b>80,000</b>	<b>8,007.17</b>	<b>8,007.17</b>	<b>71,992.33</b>

In-Kind thru Aug.  
**YTD In-Kind**