REPORT OF EXPENDITURES

Reporting Period Covered:

EXPENDITURE CATEGORIES	CONTRACT COST					
	BUDGET	ACTUAL			BALANCE	% EXPENDED
	Total Contract (a)	Prior Periods to Date (Cumulative) (b)	Current Reporting Period (c)	Contract Period to Date (b) + (c) (d)	(a) - (d) (e)	(d / a) (f)
A. PERSONNEL COST						
1. Salaries				0	0	0.00
2. Payroll Taxes & Assessments				0	0	0.00
3. Fringe Benefits				0	0	0.00
TOTAL PERSONNEL COST	**0**	**0**	**0**	**0**	**0**	**0.00**
B. OTHER CURRENT EXPENSES						
1. Airfare, Inter-Island				0	0	0.00
2. Airfare, Out-of-State				0	0	0.00
3. Audit Services				0	0	0.00
4. Contractual Services - Administrative				0	0	0.00
5. Contractual Services - Subcontracts				0	0	0.00
6. Insurance				0	0	0.00
7. Lease / Rental of Equipment				0	0	0.00
8. Lease / Rental of Motor Vehicle				0	0	0.00
9. Lease / Rental of Space				0	0	0.00
10. Mileage				0	0	0.00
11. Postage, Freight & Delivery				0	0	0.00
12. Publication & Printing				0	0	0.00
13. Repair & Maintenance				0	0	0.00
14. Staff Training				0	0	0.00
15. Subsistence / Per Diem				0	0	0.00
16. Supplies				0	0	0.00
17. Telecommunication				0	0	0.00
18. Transportation				0	0	0.00
19. Utilities				0	0	0.00
20.				0	0	0.00
21.				0	0	0.00
22.				0	0	0.00
23.				0	0	0.00
TOTAL OTHER CURRENT EXPENSES	**0**	**0**	**0**	**0**	**0**	**0.00**
C. EQUIPMENT PURCHASES				**0**	**0**	**0.00**
D. MOTOR VEHICLE PURCHASES				**0**	**0**	**0.00**
TOTAL EXPENDITURES	**0**	**0**	**0**	**0**	**0**	**0.00**
CONTRACT REVENUES RECEIVED						

For Official Use Only

Signature of Program Reviewer _____ Date

Signature of Fiscal Reviewer _____ Date

DECLARATION: I declare that this report, including any accompanying schedules or statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the reporting period(s) stated.

Report Prepared By:

Name (Please Type or Print) _____ Phone _____

Signature of Awardee's Authorized Official _____ Date _____

Name and Title (Please Type or Print) _____

Form POST 210 07/01/99

REPORT OF EXPENDITURES
PERSONNEL COST - SALARIES & WAGES

Reporting Period Covered:

POSITION NUMBER (a)	EMPLOYEE NAME (b)	POSITION TITLE [c]	FULL TIME MO. SALARY (d)	FULL TIME EQUIV. (FTE) (e)	% OF TIME CHARGED TO CONTRACT (f)	SALARY CHARGED TO CONTRACT (CURRENT PERIOD) (g)	TOTAL CONTRACT BUDGET (7/1/ ___ to 6/30/ ___) (h)
TOTAL PERSONNEL COST - SALARIES/WAGES				0	0	0	0

For Official Use Only

Signature of Program Reviewer _____ Date _____

Signature of Fiscal Reviewer _____ Date _____

DECLARATION: I declare that this report, including any accompanying schedules or or statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the reporting period(s) stated.

Report Prepared By:

Name (Please Type or Print) _____ Phone _____

Signature of Awardee's Authorized Official _____ Date _____

Name and Title (Please Type or Print) _____

1> Figure to be inserted in Form POST/FIS 101, Item A.1 - Column c (Report of Expenditures)
2> Figure to be inserted in Form POST/FIS 101, Item A.1 - Column a (Report of Expenditures)

Form POST 210A 07/01/99