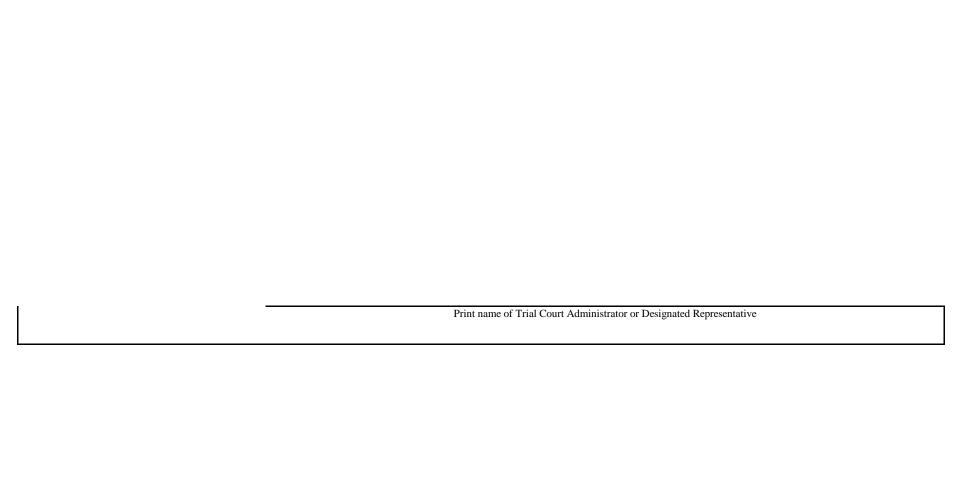
# Adult Post-Adjudicatory Drug Court Expansion Program Project Expenditure Report SUMMARY STATEMENT OF COSTS

Circuit:	County:		Report #:	Per	riod:
Contractor:					
Address:			Project Title: Adult Post-Adjudicatory Drug Court Expansion Program		
DI.					
Phone:			This report should	only include	contractor payments made in accordance with
Budget Category		Category Total	the terms of the approved Contractual Services Agreement.		* *
Salaries and Benefits		\$0.00	)		
Contractual Services		\$0.00	☐ Charge to Cash Ad	vance	
Expenses		\$0.00	Advance Received	l:	
Operating Capital Outlay		\$0.00	Previous Amount	Applied to	Advance:
Administrative Costs		\$0.00	00 Current Amount Applied to Advance:		
Total Claim Amount		\$0.00	00 Advance Balance:		
I hereby co	ertify that the above costs are tru	e and valid costs i	ncurred in accorda	ince with th	e project agreement.
Date:	Signed:				
	Contractor Chief Financial Officer or Designated Representative				
	Print name of Contractor Chief Financial Officer or Designated Representative				
Date:	Signed:				
		Trial Court Administrator or Designated Representative			





### SALARY & BENEFITS

Name of Employee:	Employee Title:			
Project Title: Adult Post-Adjudicatory Drug Court Expansion Program				
Type of Work Performed on Project:				
Number of Clients Served:				
	Regular Pay	Overtime Pay		
Total Hours Worked	0.0			
Hours Worked on Project	0.0	0.0		
Gross Salary for Pay Period	\$0.00			
Gross Overtime Pay for Period		\$0.00		
Charges To Project	\$0.00	\$0.00		
Health Insurance	\$0.00			
Life Insurance	\$0.00			
Retirement	\$0.00			
FICA	\$0.00			
Others	\$0.00			
Others Description				
Total Benefits Paid this Period	\$0.00	\$0.00		
Total Benefits Charged to Project	\$0.00	\$0.00		
Total Charges to Project	\$0.00	\$0.00		

#### DETAILS OF OTHER PERSONAL/CONTRACTUAL SERVICES (OPS)

Circuit: County:	Contract #:	Report #:	Period:
Project Title: Adult Post-Adjudicatory Dru	Phone#:		
- 10,000 1100 1100 1 000 110,000 000 000	.5 00m 2p		
	Description of Services F		
Vendor	(provide unit cost and number of clients	s served, if applicable)	Amount
		Subtotal	\$0.00

#### **DETAILS OF EXPENSE**

Circuit:	County:	Contract #:		Report #:	Period:	
Project Titl	e: Adult Post-Adjudicatory	Drug Court Expansion			Phone#:	
	Vendor		Description of Item			Amount
				Subtota	al	\$0.00

#### **OPERATING CAPITAL OUTLAY**

Circuit:	County:	Contract #:	Report #:	Period:	
			Phone#:		
Project Tit	le: Adult Post-Adjudicatory D	rug Court Expansion Program			
	Vendor	Description of Property			Amount
			Sul	btotal	\$0.00

#### ADMINISTRATIVE COSTS

Circuit: County:	Contract #:	Report #:	Period:
Project Title: Adult Post-Adjudicatory D	Phone#:		
Vendor	Description		Amount
		Subtotal	\$0.00
	This column total appears on Summary	Statement. Grand Total	\$0.00