

INSTRUCTIONS FOR COMPLETING THE EXPENDITURE REPORT

Check the appropriate box to indicate whether this is an original report or an amended report.

- PURCHASE ORDER NUMBER: Enter the Purchase Order Number issued for this grantee.
- CONTRACT NUMBER: Enter the Contract Number issued for this grantee.
- REPORT PERIOD: Enter the beginning and ending date of the month covered by this report (mm/dd/yy).
- AGENCY NAME: Enter the name of the agency completing this report.
- ADDRESS: Enter the mailing address of the agency completing this report.
- NAME OF PERSON COMPLETING REPORT: Self Explanatory.
- PHONE NUMBER: Enter the telephone number of the person completing this report.
- GRANT NAME: Enter the name of the program which provides funds for the reporting agency. (For example, State Shelter Subsidy Grant, HUD Emergency Shelter Grant or Transitional Housing Grant)
- CONTRACT PERIOD: Enter the beginning and ending date of the period for which services are contracted. (mm/dd/yy)
- CATEGORY OF ACTIVITY: Enter here program specific breakdown of expenditures, revenues as required by program administration. Refer to your contract.
- CURRENT MONTH TOTAL OPERATING EXPENDITURES: List total program expenditures by line item for the month (All sources)

GRANT FUNDS ONLY	
PREVIOUS MONTH YEAR-TO-DATE EXPENDITURES	Enter the Year-To Date Dollar Amount from this agency's previous month's report.
CURRENT MONTH EXPENDITURE	Enter current month dollar amounts, by line item, to be paid from grant funds
UPDATED YEAR-TO-DATE EXPENDITURE TOTAL	Enter the Year-To-Date dollar amounts which correspond to line items.

- GRANT PROGRAM BUDGET/CONTRACT AMOUNT: Enter the total contract or budget amount allocated to line items.
- TOTAL PROGRAM OPERATING BUDGET: Enter the actual operating budget amounts for each line item.
- YEAR-TO-DATE MATCH ACTIVITY AGENCY SHARE: Complete only if required by grant/program administration.
- NAME & TITLE OF AGENCY REP.: Enter the name and title of the agency representative authorized to sign Expenditure Reports.
- SIGNATURE OF AGENCY REP.: Self Explanatory.
- DATE SIGNED: Self Explanatory.
- DISTRIBUTION: E-mail with signature to [patti.glassburn@wisconsin.gov](mailto:patti.glassburn@wisconsin.gov) OR make **two** copies of your report, **retain one** copy for your records and **submit the original and one copy** to:

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