

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
AFFIDAVIT OF EXPENDITURES

\*\*\*\*\*

- 1. GRANTEE NAME: \_\_\_\_\_
- 2. REPORT PERIOD: \_\_\_\_\_
- 3. GRANT TITLE: \_\_\_\_\_

*Submit 1 original and 1 copy of the affidavit form; however, only one copy of the backup documentation is needed.*

	Expenditure Classification	Local Match Amount	Grant Amount	Total Amount
4.	SALARIES (Including Fringe Benefits)			
5.	TRAVEL			
6.	SUPPLIES			
7.	CAPITAL EQUIPMENT (List each item, include invoice)			
	Sub-total Cap. Equip.			
8.	OTHER (List each item & cost)			
	Sub-total Other			
9.	AFFIDAVIT TOTAL (Add lines 4 - 8)			

The above amounts are in agreement with the agency official accounting records. Individual Employee time reports are maintained and filed documenting time charged to this project.

- 10. AUTHORIZED SIGNATURE: \_\_\_\_\_
- DATE: \_\_\_\_\_

**KDHE USE ONLY:**  
Audited By: \_\_\_\_\_  
Date: \_\_\_\_\_