

# WIC Program Expenditure Report

FFY \_\_\_\_\_

Agency No: \_\_\_\_\_

SFY \_\_\_\_\_

Agency Name \_\_\_\_\_

Month of \_\_\_\_\_ 20\_\_\_\_

Period: From \_\_\_\_\_ to \_\_\_\_\_

## Expenditures This Month

	Funds Awarded	Net Expend. Prior Periods	Client Services	Nutrition Education	Breastfeeding Promotion	General Administration	Total Expenditures This Month	Total Obligations	Total Accum. Expenditures & Obligations	% of Total Expended	Balance of Funds
Personal Services											
Travel											
Facility Expense											
Supplies											
Equipment											
Other Direct Expenses											
Total Direct Expenses											
Total Direct Cost											
Indirect Cost %											
Total Cost											

\_\_\_\_\_ Initial Report

Prepared By: \_\_\_\_\_

\_\_\_\_\_ Revised Report # \_\_\_\_\_

Typed Name: \_\_\_\_\_

Due Date: 20 days after close of each month.

Title: \_\_\_\_\_

Mail to:  
 Department of Health & Social Services  
 Division of Public Health  
 Section of Maternal, Child, and Family Health - WIC  
 P.O. Box 110612  
 Juneau, Alaska 99811-0612

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Grant: \_\_\_\_\_