**OCFS-3129** (Rev. 10/2014) FRONT

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|  |  | **QYDS ID#** |  |  |  |  |  |

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

PROGRAM EXPENDITURE REPORT – M&O AND FACILITY REPAIRS

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| AGENCY/MUNICIPALITY |  | PROGRAM PERIOD FROM |  | TO |  |

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| CHECK NUMBER | CHECK DATE | PAYEE NAME | | DESCRIPTION | INVOICE DATE OR  PERIOD COVERED FOR SERVICES OR TRAVEL | GROSS AMOUNT  OF CHECK | AMOUNT CHARGEABLE TO OCFS |
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| FOR CONTRACT AGENCIES ONLY:  REIMBURSEMENT CHECK NUMBER | | |  |  | TOTALS |  |  |

SUBMIT ORIGINAL