Schedule C--Final Page

STATE OF TENNESSEE
PROGRAM EXPENSE REPORT

CONTRACTOR/GRANTEE_____

___ TOTAL EXPENSES
___ TOTAL BUDGET

FEDERAL ID#_____
REPORT PERIOD_____

CONTRACTING STATE AGENCY_____

	TOTAL DIRECT PROGRAM EXPENSES	TOTAL NONGRANT/UNALLOWABLE EXPENSES	TOTAL ADMINISTRATIVE EXPENSES	GRAND TOTAL
CONTRACT NUMBER				
GRANT PERIOD				
PROGRAM NAME				
SERVICE NAME				

Schedule A Line Item#	EXPENSE BY OBJECT:	Year-To-Date	Year-To-Date	Year-To-Date	Year-To-Date
1	Salaries and Wages				
2	Employee Benefits & Payroll Taxes				
3	Total Personnel Expenses				
4	Professional Fees				
5	Supplies				
6	Telephone				
7	Postage and Shipping				
8	Occupancy				
9	Equipment Rental and Maintenance				
10	Printing and Publications				
11	Travel				
12	Conferences and Meetings				
13	Interest				
14	Insurance				
15	Grants and Awards				
16	Specific Assistance to Individuals ...				
17	Depreciation				
18	Other Nonpersonnel Expenses				
a	_____				
b	_____				
c	_____				
d	_____				
19	Total Nonpersonnel Expenses				
20	Reimbursable Capital Purchases				
21	TOTAL DIRECT PROGRAM EXPENSES				
22	Administrative Expenses				
23	TOTAL DIRECT & ADMINISTRATIVE EXPENSES				
24	In-Kind Expenses				
25	TOTAL EXPENSES				

Attachment _____