

NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
Supplies

1. Grantee Name: _____ 4. Corresponding FCR Report #: _____
 2. Implementing Agency: _____ 6. Contract Number: _____
 3. Report Period: From: _____ To: _____ 7. DHSES Number: _____
 5. Contract Period: From: _____ To: _____

This form is used to certify the expenditures claimed for Supplies. The amounts charged to the grant for supplies must be valid for the expense category per Appendix B of the grant contract. All supplies expenses must have an appropriate and reasonable basis for allocating the expenses to this project.

8a Check No.	8b Payee	8c Date Ordered	8d Date Received	8e Items(s)	Amount Charged to		8h NYS MWBE Certification Number (if applicable)	8i Procurement Method (circle applicable method)
					8f Federal/State Amount	8g Match Amount		
							MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
							WBE	
							MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
							WBE	
							MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
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							WBE	
							MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
							WBE	
							MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
							WBE	
					8j *Total	\$0.00	\$0.00	

*The totals should be carried forward to Category E of the Fiscal Cost Report Column C. >

Certification: I certify that the above expenditures were made in accordance with the pertinent grant, are appropriate to the goals and objectives of the project described therein, and are not duplicative of expenditures claimed on any other grants.

9. Signature: _____ Print Name: _____
 Title: _____ Date: _____ Phone #: _____