(07/15)

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

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 Travel. The amounts charged to the grant for travel expenditures must be valid for this expense category per Appendix B of the contract. All travel expenses must have an appropriate and reasonable basis for allocating the expenses to this project.

8a Check No.	8b Payee	8c Date(s) of Travel	8d Description	Amount Charged to 8e Federal/State	8f Match
			8g * Total	$0.00	$0.00

* The totals should be carried forward to Category F 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, are not duplicative of expenditures claimed on any other grants, and rates do not exceed rates authorized by the NYS Office of the State Comptroller or local governmental jurisdiction in which the program operates.**

9. Signature: _____ Print Name: _____

Title: _____ Date: _____ Phone #: _____