

Total Compensation Paid to Non-Profit Personnel Using State Funds

| | |
|------------------------------------|--|
| Name: | |
| Title: | |
| Agency Agreement/Contract # | |
| Total Contract Amount | |
| Contract Term: | |
| Invoice Number | |
| Invoice Period | |

| Line Item Budget Category | Total Amount Allocated | Total Amount Paid | Amount Paid from State Funds |
|----------------------------------|---------------------------|----------------------|---------------------------------|
| Salaries | | | |
| Fringe Benefits | | | |
| Bonuses | | | |
| Accrued Paid Time Off | | | |
| Severance Payments | | | |
| Retirement Contributions | | | |
| In-Kind Payments | | | |
| Incentive Payments | | | |
| | | | |
| Reimbursements/Allowances | | | |
| Moving Expenses | | | |
| Transportation Costs | | | |
| Telephone Services | | | |
| Medical Services Costs | | | |
| Housing Costs | | | |
| Meals | | | |
| | | | |
| Amount Paid to Date | | | |

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

| | |
|------------|--------------------|
| Name: | |
| Signature: | <i>Brian Chase</i> |
| Title: | |
| Date: | |