

## Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	
<b>Title:</b>	
<b>Agency Agreement/Contract #</b>	
<b>Total Contract Amount</b>	
<b>Contract Term:</b>	
<b>Invoice Number</b>	
<b>Invoice Period</b>	

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			
<b>Reimbursements/Allowances</b>			
Moving Expenses			
Transportation Costs			
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
<b>Amount Paid to Date</b>			

**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:	