

WIC Annual Expenditure Report

Fiscal Year:						
Tribe/Organization:						
	Expenditure Categories					
	Client Services	Nutrition Education	Breastfeeding	Administration	Total Expenditures	Approved Budget
Time Study Percentages	0.00%	0.00%	0.00%	0.00%	0.00%	
Personnel	\$0.00	\$0.00	\$0.00	\$0.00		
ERE	\$0.00	\$0.00	\$0.00	\$0.00		
Supplies	\$0.00	\$0.00	\$0.00	\$0.00		
Travel	\$0.00	\$0.00	\$0.00	\$0.00		
Postage	\$0.00	\$0.00	\$0.00	\$0.00		
Communications	\$0.00	\$0.00	\$0.00	\$0.00		
Utilities	\$0.00	\$0.00	\$0.00	\$0.00		
Contractual	\$0.00	\$0.00	\$0.00	\$0.00		
Occupancy	\$0.00	\$0.00	\$0.00	\$0.00		
Training	\$0.00	\$0.00	\$0.00	\$0.00		
Fuel/Vehicle Maintenance	\$0.00	\$0.00	\$0.00	\$0.00		
Insurance	\$0.00	\$0.00	\$0.00	\$0.00		
Other	\$0.00	\$0.00	\$0.00	\$0.00		
Total Direct	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect ____%	\$0.00	\$0.00	\$0.00	\$0.00		
Total Expenditures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Balance (Budget less Expenses)						\$0.00
Total In-kind (optional)						

Authorized Signature: _____

Date: _____

Note: Total expenditures must match the final invoice submitted.

Instructions:

1. Enter the fiscal year reflecting the report period on line 2.
2. Enter the name of the tribe/agency on line 3.
3. Fill in the percentages for each cost category from the time study summary for the fiscal year reflecting the report period on line 7. Note: Time study percentages should total 100.00%
4. Enter the total expenditures for each line item in the total expenditures column (Column F).
5. Enter the total indirect costs in the total expenditures column if applicable (Cell F23).
6. Enter the approved budget for each line item in column G.
7. The costs for each cost category (columns B-E), total direct costs (Line 22) and total expenditures (Line 24) will be automatically calculated.