

**SUMMARY OF ACTUAL EXPENSES
FOR THE MONTH OF _____ 2020**

NAME OF DAY CARE CENTER: _____

DESCRIPTION	AMOUNT			
SALARIES/WAGES				
PAYROLL TAX EXPENSE				
RENT/LEASE				
UTILITIES				
INSURANCE				
REPAIRS/MAINTENANCE				
GASOLINE & OIL				
SUPPLIES EXPENSE				
EQUIPMENT RENTAL				
BANK CHARGES & FEES				
	TOTAL			

Notes:

1) CCDF reserves the right to ASK for copies of original documents for all expenses incurred.

2) CCDF will require copies of all cancelled checks issued.

3) Please list name of paid employees that include the following information: (See attached payroll cost summary form for guidance)

a) Title/Position

b) Number of hours paid

c) Rate per hour

d) Total Amount Paid Bi-weekly or Bi-monthly

****** PLEASE INCLUDE ALL EXPENSES INCURRED EXCLUSIVE FOR YOUR DAY CARE/Child Care OPERATIONS. before and afterschool program/services.**

I, _____, do hereby declare under the penalty of perjury that the information stated herein are true and correct to the best of my knowledge.

Signature: _____
Name and Title