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NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
PROGRAM EXPENDITURE REPORT – FRINGE BENEFITS

AGENCY/MUNICIPALITY _____ PROGRAM PERIOD FROM _____ TO _____

CHECK NUMBER	CHECK DATE	PAYEE NAME	TYPE OF FRINGE BENEFIT	SERVICE PERIOD		GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS
				FROM	TO		
REIMBURSEMENT CHECK NUMBER FOR CONTRACT AGENCIES ONLY:				TOTALS			

PROGRAM EXPENDITURE REPORT – FRINGE BENEFITS

INSTRUCTIONS/EXAMPLES

CHECK NUMBER	CHECK DATE (NOTE 1)	PAYEE NAME	TYPE OF FRINGE BENEFIT	SERVICE PERIOD		GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS
				FROM	TO		
951	01/02/01	AETNA Insurance	Disability Premium	04/01/01	06/30/01	\$250.00	\$250.00
952	01/02/01	Mutual of Omaha	Workers Compensation	04/01/01	06/31/01	\$250.00	\$250.00
958	03/30/01	Blue Cross and Blue Shield	Health Insurance	04/01/01	04/30/01	\$225.00	\$225.00
1501	07/02/01	Fleet Blank	Employer's FICA	04/01/01	06/30/01	\$1532.00	\$1532.00
1502	07.02/01	The Hartford Group	Employer's NYS Unemployment	04/01/01	06/30/01	\$850.00	\$850.00
				TOTALS		\$3,107.0	\$2,229.00

NOTES: (1) The amount chargeable to OCFS could be less than 100% of the cost, if the employee(s) divide time between OCFS and Non-OCFS funded programs. Also note that when the approved budget or state aid balance is sufficient to cover the amount in this column, reimbursement will be computed on the following basis:
 YDP: 100%; RHYA: 60%.