Financial Report #1

Complete the table below identifying the correct expense type for expenditures purchased through the St. Louis County Children's Service Fund 2021-2023 Grassroots Fund from October 2021 – September 30, 2023. Then, upload corresponding receipts and proof of the purchases for expenditures made under an approved expense type from the program's final approved budget. See a list of acceptable documentation for proof of payments by expense type. You may include multiple expenditures from the same expense type in a single table, though you must upload supporting documentation for each item/purchase below. Please email your assigned CSF Program Officer with any questions or concerns.

Individual completing	g this report:		
Name	Email	Phone	Date of Report
Expense Table Inst	ructions		
listed in your 2021-2022 documented in the files please add up the total together into one subto box labeled "Description type selected above. If	2 Emergency Fund contract uploaded for the expense and enter it in the Expense tal for "Salary and Benefits" on of Item(s) Purchased", the expenditure was for lab	t.In the field labeled "Expense stype listed above. If you made no Subtotal field.Example: Multiple table, as the expenditures all faprovide details of the expenditure or (e.g. salary & benefits or con	made based on the approved program budget Subtotal ", list the total amount expended and nultiple purchases in the expense type selected e pay periods and various staff may be added all into the same expense type. Finally, in the texpress documented and reported on in the expense tract services) please identify the title or position as the dates the labor was performed and paid
	D DOCUMENT WHAT THI S ALONE ARE NOT SUFF		AND PROOF THAT FULL PAYMENT IS
Expenditure Descrip	tion Table (1.1)		
Expense Type (drop-do	wn menu)		
	 Insurance Travel Equipment Supplies Printing, C Evaluation Marketing 	ervices / Professional Dev. c	
	 Administra 	tion	
Expense Subtotal		tion	

Expenditure Documentation Upload (1.1)

*For Salary & Benefits or Consulting Professional Services, please ensure the documentation and proof of payment includes the following information: Last Name of employee, title/position, hours and dates worked, date paid, and proof of payment validating the amount paid out to the employee. Please remove or blackout any additional identifiable information.

⚠ Upload a file

Do you have another receipt or expenditure to upload?

- Yes
- No

of