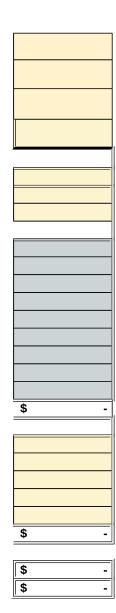
(click on cell and choose from dropdown list)  Number of Clients Served  Units Delivered  Units Rate		CHG HCB 210-80500 TS OF SERVICE		Version and choose from dropdown lis  DATE
Service: (click on cell and choose from dropdown list)  Number of Clients Served Units Delivered Units Rate  EXPEN  Personnel E.R.E. P. & O. Travel Space Equipment	215-81000 UNI	210-80500 TS OF SERVICE	BY LINE ITEM	DATE
Number of Clients Served Units Delivered Units Rate  EXPEN Personnel E.R.E. P. & O. Travel Space Equipment	215-81000 UNI	210-80500 TS OF SERVICE	BY LINE ITEM	
Number of Clients Served Units Delivered Units Rate EXPEN Personnel E.R.E. P. & O. Travel Space Equipment	UNI	TS OF SERVICE	BY LINE ITEM	
Units Delivered Units Rate  EXPEN  Personnel  E.R.E.  P. & O.  Travel  Space  Equipment			BY LINE ITEM	
Units Delivered Units Rate  EXPEN  Personnel  E.R.E.  P. & O.  Travel  Space  Equipment	IDITURES F	OR THE MONTH	BY LINE ITEM	
Units Rate  EXPEN  Personnel  E.R.E.  P. & O.  Travel  Space  Equipment	IDITURES F	OR THE MONTH	BY LINE ITEM	
Personnel E.R.E. P. & O. Travel Space Equipment	IDITURES F	OR THE MONTH	BY LINE ITEM	
Personnel E.R.E. P. & O. Travel Space Equipment				
P. & O. Travel Space Equipment				
Travel Space Equipment				
Space Equipment				
Equipment				
Materials & Supplies				
• •				
Operating Services				
Indirect Costs				
Total Expenditures \$	•	- \$	- \$	- \$
REVE	NUE FOR TH	IE MONTH BY FU	JND SOURCE	
ALTCS				
Project Income				
Non-Federal In-Kind				
Non-Federal Cash				
Other Federal				
Total Non-SEAGO Revenue \$	•	-   \$	-   \$	-   \$
SEAGO AAA FUNDS \$		-   \$	-  \$	-   \$
· <u>I</u> ·		<u> </u>	<u>P</u>	TOTA

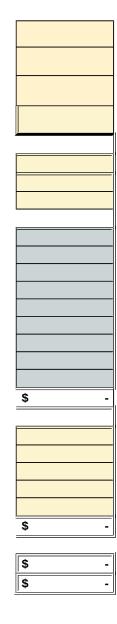
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and acc expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any materisubject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (I 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

NAME:	TITLE:
SIGNATURE:	DATE:
	AMOUNT



curate, and the conditions of ial fact, may J.S. Code Title

PROVIDER NAME:			REPORT FOR (MOI	NTH / YEAR):
PROVIDER ID:			(click on cell and	Version: choose from dropdown list)
PREPARED BY:				DATE:
Service: (click on cell and choose from dropdown list)				
	U	NITS OF SERVIC	Ē	
Number of Clients Served				
Units Delivered				
Units Rate				
	EXPENDITURES	FOR THE MONT	H BY LINE ITEM	
Personnel				
E.R.E.				
P. & O.				
Travel				
Space				
Equipment				
Materials & Supplies				
Operating Services				
Indirect Costs				
Total Expenditures	\$ -	\$ -	\$ -	\$ -
-	REVENUE FOR	THE MONTH BY	FUND SOURCE	
ALTCS				
Project Income				
Non-Federal In-Kind				
Non-Federal Cash				
Other Federal				
Total Non-SEAGO Revenue	\$ -	\$ -	\$ -	\$ -
SEAGO AAA FUNDS	\$ -	\$ -	\$ -	\$ -
BLAGO AAA FUNDS	<u> </u>	<u> </u>   • -	<u> </u>	TOTAL
By signing this report, I certify to and the expenditures, disburseme conditions of the Federal award. I material fact, may subject me to c otherwise. (U.S. Code Title 18, Sec	ents and cash recei am aware that any criminal, civil or adı	ipts are for the pu false, fictitious, ministrative pena	urposes and object or fraudulent info Ities for fraud, fals	s true, complete, a ctives set forth in rmation, or the on se statements, fal
NAME:			TITLE:	
SIGNATURE:			DATE:	
				AMOUNT



REPORT FOR (MONTH / YEAR):

(click on cell and choose from dropdown list)

Version:

PROVIDER NAME:

PROVIDER ID:

PREPARED BY:				DATE:
Service:				
(click on cell and choose from dropdown list)				
	U	NITS OF SERVIC	E	
Number of Clients Served				
Units Delivered				
Units Rate				
	EXPENDITURES	FOR THE MONT	TH BY LINE ITEM	
Personnel				
E.R.E.				
P. & O.				
Travel				
Space				
Equipment				
Materials & Supplies				
Operating Services				
Indirect Costs				
Total Expenditures	\$ -	\$ -	\$ -	\$ -
	REVENUE FOR	THE MONTH BY	FUND SOURCE	
ALTCS				
Project Income				
Non-Federal In-Kind				
Non-Federal Cash				
Other Federal				
Total Non-SEAGO Revenue	\$ -	\$ -	\$ -	\$ -
<u>,                                      </u>				<u>'</u>
SEAGO AAA FUNDS	\$ -	\$ -	\$ -	\$ -
1	<u>]!</u>	1	<u>Ji</u>	TOTAL
By signing this report, I certify to and the expenditures, disbursen conditions of the Federal award. material fact, may subject me to otherwise. (U.S. Code Title 18, Se	nents and cash reco I am aware that an criminal, civil or ac	eipts are for the p y false, fictitious Iministrative pen	purposes and obj , or fraudulent inf nalties for fraud, fa	ectives set forth ir ormation, or the o alse statements, fa
NAME:			TITLE:	
SIGNATURE:			DATE:	
				AMOUNT

\$		-
\$		-
\$		-
\$		-

REPORT FOR (MONTH / YEAR):

(click on cell and choose from dropdown list)

Version:

PROVIDER NAME:

PROVIDER ID:

PREPARED BY:				DATE:
Service:				
(click on cell and choose from dropdown list)				
	U	NITS OF SERVIC	E	
Number of Clients Served				
Units Delivered				
Units Rate				
	EXPENDITURES	FOR THE MONT	TH BY LINE ITEM	
Personnel				
E.R.E.				
P. & O.				
Travel				
Space				
Equipment				
Materials & Supplies				
Operating Services				
Indirect Costs				
Total Expenditures	\$ -	\$ -	\$ -	\$ -
	REVENUE FOR	THE MONTH BY	FUND SOURCE	
ALTCS				
Project Income				
Non-Federal In-Kind				
Non-Federal Cash				
Other Federal				
Total Non-SEAGO Revenue	\$ -	\$ -	\$ -	\$ -
<u>,                                      </u>				<u>'</u>
SEAGO AAA FUNDS	\$ -	\$ -	\$ -	\$ -
1	<u>]!</u>	1	<u>Ji</u>	TOTAL
By signing this report, I certify to and the expenditures, disbursen conditions of the Federal award. material fact, may subject me to otherwise. (U.S. Code Title 18, Se	nents and cash reco I am aware that an criminal, civil or ac	eipts are for the p y false, fictitious Iministrative pen	purposes and obj , or fraudulent inf nalties for fraud, fa	ectives set forth ir ormation, or the o alse statements, fa
NAME:			TITLE:	
SIGNATURE:			DATE:	
				AMOUNT

\$		-
\$		-
\$		-
\$		-

REPORT FOR (MONTH / YEAR):

(click on cell and choose from dropdown list)

Version:

PROVIDER NAME:

PROVIDER ID:

PREPARED BY:				DATE:
Service:				
(click on cell and choose from dropdown list)				
	U	NITS OF SERVIC	E	
Number of Clients Served				
Units Delivered				
Units Rate				
	EXPENDITURES	FOR THE MONT	TH BY LINE ITEM	
Personnel				
E.R.E.				
P. & O.				
Travel				
Space				
Equipment				
Materials & Supplies				
Operating Services				
Indirect Costs				
Total Expenditures	\$ -	\$ -	\$ -	\$ -
	REVENUE FOR	THE MONTH BY	FUND SOURCE	
ALTCS				
Project Income				
Non-Federal In-Kind				
Non-Federal Cash				
Other Federal				
Total Non-SEAGO Revenue	\$ -	\$ -	\$ -	\$ -
<u>,                                      </u>				<u>'</u>
SEAGO AAA FUNDS	\$ -	\$ -	\$ -	\$ -
1	<u>]!</u>	1	<u>Ji</u>	TOTAL
By signing this report, I certify to and the expenditures, disbursen conditions of the Federal award. material fact, may subject me to otherwise. (U.S. Code Title 18, Se	nents and cash reco I am aware that an criminal, civil or ac	eipts are for the p y false, fictitious Iministrative pen	purposes and obj , or fraudulent inf nalties for fraud, fa	ectives set forth ir ormation, or the o alse statements, fa
NAME:			TITLE:	
SIGNATURE:			DATE:	
				AMOUNT

\$		-
\$		-
\$		-
\$		-

### SEAGO AREA AGENCY ON AGING PAYMENT REQUEST FOR SERVICES PROVIDED UNDER COST REIMBURSEMENT

PROVIDER NAME:			REPORT FOR (MOI	NTH / YEAR):
PROVIDER ID:			(click on cell and	Version: choose from dropdown list)
PREPARED BY:				DATE:
Service: (click on cell and choose from dropdown list)				
	Ľ	JNITS OF SERVIC	E	
Number of Clients Served				
Units Delivered				
Units Rate				
	EXPENDITURES	FOR THE MONT	H BY LINE ITEM	
Personnel				
E.R.E.				
P. & O.				
Travel				
Space				
Equipment				
Materials & Supplies				
Operating Services				
Indirect Costs				
Total Expenditures	\$ -	\$ -	\$ -	\$ -
	REVENUE FOR	THE MONTH BY	FUND SOURCE	
ALTCS				
Project Income				
Non-Federal In-Kind				
Non-Federal Cash				
Other Federal				
Total Non-SEAGO Revenue	\$ -	-	-	\$ -
SEAGO AAA FUNDS	II 🊓			
SLAGO AAA FONDS	-	<u> </u>	\$ -	-
SEAGO AAA FONDS	-	\$ -	\$ -	,
By signing this report, I certify to and the expenditures, disbursen conditions of the Federal award. material fact, may subject me to otherwise. (U.S. Code Title 18, Se	o the best of my kn nents and cash rec I am aware that an criminal, civil or ac	owledge and bel eipts are for the ny false, fictitious dministrative per	ief that the report purposes and obje , or fraudulent inf nalties for fraud, fa	is true, complete, ectives set forth i ormation, or the calse statements, f
By signing this report, I certify to and the expenditures, disbursen conditions of the Federal award. material fact, may subject me to	o the best of my kn nents and cash rec I am aware that an criminal, civil or ac ection 1001 and Tit	owledge and bel eipts are for the ny false, fictitious dministrative per de 31, Sections 3	ief that the report purposes and obje , or fraudulent inf nalties for fraud, fa	TOTAL is true, complete ectives set forth i ormation, or the o alse statements, f 1-3812).
By signing this report, I certify to and the expenditures, disbursen conditions of the Federal award. material fact, may subject me to otherwise. (U.S. Code Title 18, So	o the best of my kn nents and cash rec I am aware that an criminal, civil or ac ection 1001 and Tit	owledge and bel eipts are for the ny false, fictitious dministrative per de 31, Sections 3	ief that the report purposes and obje , or fraudulent inf lalties for fraud, fa 729-3730 and 380	TOTAL is true, complete, ectives set forth in ormation, or the calse statements, fal-3812).

**AMOUNT** 

