

INSTRUCTIONS FOR COMPLETING EXPENDITURE REPORT, F-80862
Please Type or Print

Check the box to indicate type of expenditure report. The choices are Original Report, Additional Report or Final Report. There should be only one original report per report period. Corrections to previously reported periods should be made on additional reports.

Agency Number	Enter the CARS agency number from the contract.
Agency Name	Enter the name of the reporting agency.
Program Name	Enter the name of the program providing funds for the reporting agency.
Agency Type	Enter the one or two-digit agency type from the contract.
Agency Address	Enter the mailing address of the reporting agency.
Contract Administrator	Enter the name of the state contract administrator or program manager.
Report Period	Enter the beginning and ending date of the month covered by this report.
Contact Person and Telephone Number	Enter the name and phone number of the person preparing this report.
Contract Period	Enter the beginning and ending date of the contract period.
E-mail Address	Enter the contact person's E-mail address
Category of Activity	Enter breakdown of expenditures and revenues required by contract (e.g. Admin. Expenses, Support Expenses...). Provide total line for each separate PROFILE ID.
Profile ID Name	For each total, enter the name of the CARS PROFILE.
Profile ID Number	For each total, enter the CARS PROFILE ID.
Current Month Expenditures	Enter current month expenditures for each line of activity. Used to enter information into the CARS system.
Contract to Date Expenditures	Enter the contract to date expenditures for each line of activity. Used to enter information into the CARS system.
Budget / Contract Amount	Enter total contract of budget amount allocated to each line of activity.
Contract to Date Expenditures (Agency Share)	Complete as instructed by contract administrator or program manager.
Total Reported Expenses	Total down each column.
Name and Title of Authorized Representative	Enter the name and title of the authorized agency representative.
Signature of Authorized Agency Representative	Enter the signature of the authorized agency representative. The original signature copy must be sent to the CARS Unit.
Date Signed	Enter the date the report was signed.
Distribution – Send to:	Division of Enterprise Services Bureau of Fiscal Services, Processing Section – CARS Unit PO Box 7850, Madison, WI 53707-7850