



GMIS
Expenditure
Report

Expenditure Report Worklist

Ohio.gov So much to Discovery

Ohio Department of HEALTH OH

Grants Management Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Auglaize County Health Department
Program Title: IMMUNIZATION ACTION PLAN
Project Number: 00610012IM0613 Employer Id Number: 346400073
Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013

Print This Page

Worklist				
Action	Item	Program	Status	Posted date
ALL		ALL		
Submit Program Report	00610012IM0613	IM	Initiated	7/1/2013
Submit Monthly/Quarterly Expenditure Report	00610012IM0613	IM	Initiated	7/1/2013

- The Monthly Expenditure Report is due 10 days after the end of each period. Quarterly Expenditure Report is due 15 days after the end of each period
- Click “Submit Monthly/Quarterly Expenditure Report “

Expenditure Report



Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

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Agency Name: Auglaize County Health Department
Program Title: IMMUNIZATION ACTION PLAN
Project Number: 00610012IM0613 Employer Id Number: 346400073
Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013 [Print This Page](#)

Expenditure Report Selection Show Selection Criteria [Display All Reports](#)

Max # Rows	Period Start	Period End	Due Date	Report Type	Period Status	Budget Title	Revision	Report Status	
5	Select	1/1/2013	3/31/2013	4/15/2013	Quarterly	Approved	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Approved 

Expenditure Report

No reports selected.

[New](#)

Expenditure Report

Agency Name: Auglaize County Health Department
 Program Title: IMMUNIZATION ACTION PLAN
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 Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013

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Expenditure Report Selection Show Selection Criteria

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5								
Select	1/1/2013	3/31/2013	4/15/2013	Quarterly	Approved	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Approved Q
Select	4/1/2013	6/30/2013	7/15/2013	Quarterly	Due	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Initiated Q

Quarterly Expenditure Report

Expenditures						
	Category	YTD Amount	Current Period	ODH Adjustment	Net Amount	Budgeted Amount
Personnel	a. Personnel	\$4,468.39	\$0.00	\$0.00	\$4,468.39	\$22,947.38
Other Direct Costs	b. Other Direct Costs	\$170.86	\$0.00	\$0.00	\$170.86	\$583.62
Equipment	c. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Contracts	d. Contracts	\$3,138.42	\$0.00	\$0.00	\$3,138.42	\$13,358.00
Obligations	Totals:	\$7,777.67	\$0.00	\$0.00	\$7,777.67	\$36,889.00

[Recalculate](#)

- Expenditures
- Personnel
- Other Direct Costs
- Equipment
- Contracts
- Obligations
- Summary
- Comments

Monthly Totals

Month	Actual Amount
1	\$0.00
2	\$0.00
3	\$0.00
Totals:	\$0.00

[Recalculate](#)

[Next](#)

[Edit](#) [New](#) [Approve](#) [Delete](#)

- Click "Edit"

Expenditure Report

Expenditure Report Selection Show Selection Criteria [Display All Reports](#)

Max # Rows	Period Start	Period End	Due Date	Report Type	Period Status	Budget Title	Revision	Report Status
5	1/1/2013	3/31/2013	4/15/2013	Quarterly	Approved	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Approved <input type="button" value="Q"/>
<input type="button" value="Select"/>	4/1/2013	6/30/2013	7/15/2013	Quarterly	Due	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Initiated <input type="button" value="Q"/>

Quarterly Expenditure Report

Expenditures						
	Category	YTD Amount	Current Period	ODH Adjustment	Net Amount	Budgeted Amount
Personnel	a. Personnel	\$4,468.39	<input type="text" value="0.00"/>	0.00	\$4,468.39	\$22,947.38
Other Direct Costs	b. Other Direct Costs	\$170.86	<input type="text" value="0.00"/>	0.00	\$170.86	\$583.62
Equipment	c. Equipment	\$0.00	<input type="text" value="0.00"/>	0.00	\$0.00	\$0.00
Contracts	d. Contracts	\$3,138.42	<input type="text" value="0.00"/>	0.00	\$3,138.42	\$13,358.00
Obligations	Totals:	\$7,777.67	\$0.00	\$0.00	\$7,777.67	\$36,889.00

Monthly Totals			
	Month		Actual Amount
	1	<input type="text"/>	3575
	2	<input type="text"/>	3575
	3	<input type="text"/>	3575
	Totals:		\$0.00

- Enter Monthly “Actual Amounts” breakout incurred for the quarter
- Click “Recalculate”
- Click “Update”

Expenditure Report

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Quarterly Expenditure Report

Expenditures						
Expenditures	Category	YTD Amount	Current Period	ODH Adjustment	Net Amount	Budgeted Amount
Personnel	a. Personnel	\$4,468.39	\$0.00	\$0.00	\$4,468.39	\$22,947.38
Other Direct Costs	b. Other Direct Costs	\$170.86	\$0.00	\$0.00	\$170.86	\$583.62
Equipment	c. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Contracts	d. Contracts	\$3,138.42	\$0.00	\$0.00	\$3,138.42	\$13,358.00
Obligations	Totals:	\$7,777.67	\$0.00	\$0.00	\$7,777.67	\$36,889.00

Monthly Totals

Month	Actual Amount
1	\$3,575.00
2	\$3,575.00
3	\$3,575.00
Totals:	\$10,725.00

Next

- Click "Personnel"

Expenditure Report



Grants Management Information System

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Quarterly Expenditure Report

Personnel					
Expenditures	Budgeted Item	Actual Expenditures	ODH Adjustment	Net Amount	Budgeted Amount
Personnel	Denise Brown	\$0.00	\$0.00	\$0.00	\$3,931.08
Other Direct Costs	Brenda Eiting	\$0.00	\$0.00	\$0.00	\$8,423.75
Equipment	Stacy Seipel	\$0.00	\$0.00	\$0.00	\$2,422.73
Contracts	Michelle Lochard	\$0.00	\$0.00	\$0.00	\$8,169.82
Obligations Summary	Totals:	\$0.00	\$0.00	\$0.00	\$22,947.38

New

Previous
Next

Edit
New
Approve
Delete

- Click “Edit” to enter the expenses for the Personnel category

Expenditure Report





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X X X X

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Quarterly Expenditure Report

		Personnel			
Expenditures	Budgeted Item	Actual Expenditures	ODH Adjustment	Net Amount	Budgeted Amount
Other Direct Costs	Denise Brown	0.00	0.00	\$0.00	\$3,931.08
Equipment	Brenda Eiting	0.00	0.00	\$0.00	\$8,423.75
Contracts	Stacy Seipel	0.00	0.00	\$0.00	\$2,422.73
Obligations	Michelle Lochard	0.00	0.00	\$0.00	\$8,169.82
Summary	Totals:	\$0.00	\$0.00	\$0.00	\$22,947.38
Comments					

[Previous](#) [Next](#)

[Update](#) [Cancel](#)

- Enter Actual Expenditure amounts for each employee

Expenditure Report





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X
X
X
X

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Select	4/1/2013	6/30/2013	7/15/2013	Quarterly	Due	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Initiated

Quarterly Expenditure Report

Personnel					
Expenditures	Budgeted Item	Actual Expenditures	ODH Adjustment	Net Amount	Budgeted Amount
Other Direct Costs	Denise Brown	600	0.00	\$0.00	\$3,931.08
Equipment	Brenda Eiting	500	0.00	\$0.00	\$8,423.75
Contracts	Stacy Seipel	2000	0.00	\$0.00	\$2,422.73
Obligations	Michelle Lochard	0.00	0.00	\$0.00	\$8,169.82
Summary	Totals:	\$0.00	\$0.00	\$0.00	\$22,947.38

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Update Cancel

- Click "Update" to save information

Expenditure Report





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Quarterly Expenditure Report

Personnel					
	Budgeted Item	Actual Expenditures	ODH Adjustment	Net Amount	Budgeted Amount
Other Direct Costs	Denise Brown	\$600.00	\$0.00	\$600.00	\$3,931.08
	Brenda Eiting	\$500.00	\$0.00	\$500.00	\$8,423.75
	Stacy Seipel	\$2,000.00	\$0.00	\$2,000.00	\$2,422.73
	Michelle Lochar	\$0.00	\$0.00	\$0.00	\$8,169.82
	Totals:	\$3,100.00	\$0.00	\$3,100.00	\$22,947.38

- Click "Other Direct Cost"

Expenditure Report





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Quarterly Expenditure Report

Other Direct Costs					
	Budgeted Item	Actual Expenditures	ODH Adjustment	Net Amount	Budgeted Amount
Expenditures	Postage	\$0.00	\$0.00	\$0.00	\$353.30
Personnel	Office Supplies	\$0.00	\$0.00	\$0.00	\$54.32
Other Direct Costs	Travel (includes mileage)	\$0.00	\$0.00	\$0.00	\$126.00
Equipment	Printing	\$0.00	\$0.00	\$0.00	\$50.00
Contracts	Totals:	\$0.00	\$0.00	\$0.00	\$583.62
Obligations	<input type="button" value="New"/>				
Summary	<input type="button" value="Previous"/> <input type="button" value="Next"/>				
Comments	<input type="button" value="Edit"/> <input type="button" value="New"/> <input type="button" value="Approve"/> <input type="button" value="Delete"/>				

- Click “Edit” to enter expenses for Other Direct Costs

Expenditure Report





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Quarterly Expenditure Report

	Budgeted Item	Actual Expenditures	ODH Adjustment	Net Amount	Budgeted Amount
Expenditures	Other Direct Costs				
Personnel					
Other Direct Costs	Postage	0.00	0.00	\$0.00	\$353.30
Equipment	Office Supplies	0.00	0.00	\$0.00	\$54.32
Contracts	Travel (includes mileage)	0.00	0.00	\$0.00	\$126.00
Obligations	Printing	0.00	0.00	\$0.00	\$50.00
Summary	Totals:	\$0.00	\$0.00	\$0.00	\$583.62
Comments					

Previous Next

Update Cancel

- Enter Actual Expenditure amounts for each line item

Expenditure Report



Ohio Department of

HEALTH



Grants Management

Information System

Worklist Project Reports View Bulletins Logout

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Select	4/1/2013	6/30/2013	7/15/2013	Quarterly	Due	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Initiated

Quarterly Expenditure Report

	Other Direct Costs				
Expenditures	Budgeted Item	Actual Expenditures	ODH Adjustment	Net Amount	Budgeted Amount
Personnel					
Other Direct Costs	Postage	200.00	0.00	\$200.00	\$353.30
Equipment	Office Supplies	45.00	0.00	\$45.00	\$54.32
Contracts	Travel (includes mileage)	100.00	0.00	\$100.00	\$126.00
Obligations	Printing	30.00	0.00	\$30.00	\$50.00
Summary	Totals:	\$375.00	\$0.00	\$375.00	\$583.62
Comments					

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[Update](#) [Cancel](#)

- Click "Update" to save information

Expenditure Report





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Select	4/1/2013	6/30/2013	7/15/2013	Quarterly	Due	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Initiated

Quarterly Expenditure Report

Other Direct Costs					
	Budgeted Item	Actual Expenditures	ODH Adjustment	Net Amount	Budgeted Amount
Expenditures	Postage	\$200.00	\$0.00	\$200.00	\$353.30
Personnel	Office Supplies	\$45.00	\$0.00	\$45.00	\$54.32
Other Direct Costs	Travel (includes mileage)	\$100.00	\$0.00	\$100.00	\$126.00
Contracts	Printing	\$30.00	\$0.00	\$30.00	\$50.00
Obligations	Totals:	\$375.00	\$0.00	\$375.00	\$583.62
Summary	New				
Comments	Previous Next				
Edit New Approve Delete					

- Click "Equipment"

Expenditure Report





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Select	4/1/2013	6/30/2013	7/15/2013	Quarterly	Due	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Initiated

Quarterly Expenditure Report

Expenditures

Personnel Equipment

Other Direct Costs No Equipment specified in Budget

Equipment New

Contracts

Obligations Previous Next

Summary

Comments

Edit New Approve Delete

- If no expenditures are being reported continue to next category
- Click “Contracts”

Expenditure Report



Grants Management Information System

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X X X X

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Quarterly Expenditure Report

Contracts						
	Budgeted Item	Category	YTD Amount	Current Period	ODH Adjustment	Net Amount
Personnel	Van Wert County Health Department (Total CCA Amount: \$13358.00)	Personnel	\$3,042.72	\$0.00	\$0.00	\$3,042.72
Other Direct Costs	Van Wert County Health Department	Other Direct Costs	\$95.70	\$0.00	\$0.00	\$95.70
Equipment	Van Wert County Health Department	Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Contracts	Van Wert County Health Department	Services	\$0.00	\$0.00	\$0.00	\$0.00
Obligations	Totals:		\$3,138.42	\$0.00	\$0.00	\$3,138.42

Recalculate

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- Click "Edit"

Expenditure Report



Ohio Department of

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Quarterly Expenditure Report

Contracts						
	Budgeted Item	Category	YTD Amount	Current Period	ODH Adjustment	Net Amount
Personnel	Van Wert County Health Department (Total CCA Amount: \$13358.00)	Personnel	\$3,042.72	0.00	0.00	\$3,042.72
Other Direct Costs	Van Wert County Health Department	Other Direct Costs	\$95.70	0.00	0.00	\$95.70
Equipment	Van Wert County Health Department	Equipment	\$0.00	0.00	0.00	\$0.00
Obligations	Van Wert County Health Department	Services	\$0.00	0.00	0.00	\$0.00
Summary	Totals:		\$3,138.42	\$0.00	\$0.00	\$3,138.42

Recalculate

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Update Cancel

- Enter the Current Period amounts for the contractor by category

Expenditure Report



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Quarterly Expenditure Report

Contracts

Budgeted Item	Category	YTD Amount	Current Period	ODH Adjustment	Net Amount
Van Wert County Health Department (Total CCA Amount: \$13358.00)	Personnel	\$3,042.72	1200	0.00	\$4,242.72
Van Wert County Health Department	Other Direct Costs	\$95.70	6050	0.00	\$6,125.70
Van Wert County Health Department	Equipment	\$0.00	0.00	0.00	\$0.00
Van Wert County Health Department	Services	\$0.00	0.00	0.00	\$0.00
Totals:		\$3,138.42	\$7,230.00	\$0.00	\$10,368.42

Recalculate

Previous Next

Update
Cancel

- Click "Update"

Expenditure Report

The screenshot shows the Ohio Department of Health Grants Management Information System interface. At the top, there are logos for Ohio.gov and the Ohio Department of Health, along with the text 'Grants Management Information System'. Below this is a navigation bar with links for 'Worklist', 'Project', 'Reports', 'View Bulletins', and 'Logout'. A welcome message states 'Welcome, ODH Subgrantee. You currently have Subgrantee Access.' The main content area displays agency and program information for 'Auglaize County Health Department' and 'IMMUNIZATION ACTION PLAN'. It includes fields for Project Number, Employer Id Number, and Grant Period Begin/End. A 'Print This Page' button is visible. Below this is a section for 'Expenditure Report Selection' with a 'Show Selection Criteria' checkbox and a 'Display All Reports' link. A table lists report rows with columns for Max # Rows, Period Start, Period End, Due Date, Report Type, Period Status, Budget Title, Revision, and Report Status. The 'Obligations' tab is highlighted in red. Below the table is a 'Quarterly Expenditure Report' section with a 'Contracts' table. This table has columns for Budgeted Item, Category, YTD Amount, Current Period, ODH Adjustment, and Net Amount. The 'Obligations' tab is highlighted in red. At the bottom, there are buttons for 'Recalculate', 'Previous', 'Next', 'Edit', 'New', 'Approve', and 'Delete'.

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So much to Discover™

Ohio Department of HEALTH
Grants Management Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Auglaize County Health Department
Program Title: IMMUNIZATION ACTION PLAN
Project Number: 00610012IM0613 Employer Id Number: 346400073
Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013

Print This Page

Expenditure Report Selection Show Selection Criteria

[Display All Reports](#)

Max # Rows	Period Start	Period End	Due Date	Report Type	Period Status	Budget Title	Revision	Report Status
5	1/1/2013	3/31/2013	4/15/2013	Quarterly	Approved	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Approved
Select	4/1/2013	6/30/2013	7/15/2013	Quarterly	Due	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Initiated

Quarterly Expenditure Report

Contracts

Budgeted Item	Category	YTD Amount	Current Period	ODH Adjustment	Net Amount
Van Wert County Health Department (Total CCA Amount: \$13358.00)	Personnel	\$3,042.72	\$1,200.00	\$0.00	\$4,242.72
Van Wert County Health Department	Other Direct Costs	\$95.70	\$6,050.00	\$0.00	\$6,145.70
Van Wert County Health Department	Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Van Wert County Health Department	Services	\$0.00	\$0.00	\$0.00	\$0.00
Totals:		\$3,138.42	\$7,250.00	\$0.00	\$10,388.42

Recalculate

Previous Next

Edit New Approve Delete

- ODH policy only allows obligations on the expenditure report prior to the final report, (ex. 4th quarter) however we are providing an example with this report
- Click “Obligations”

Expenditure Report



Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

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Expenditure Report Selection Show Selection Criteria [Display All Reports](#)

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Select	1/1/2013	3/31/2013	4/15/2013	Quarterly	Approved	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Approved 
Select	4/1/2013	6/30/2013	7/15/2013	Quarterly	Due	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Initiated 

Quarterly Expenditure Report

Expenditures
Personnel Obligations
Other Direct Costs No obligations
Equipment [New](#)
Contracts
Obligations [Previous](#) [Next](#)
Summary
Comments

[Edit](#) [New](#) [Approve](#) [Delete](#)

- Click “Edit”

Expenditure Report





Worklist Project Reports View Bulletins Logout

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Select	4/1/2013	6/30/2013	7/15/2013	Quarterly	Due	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Initiated

Quarterly Expenditure Report

Expenditures

Personnel

Other Direct Costs

Equipment

Contracts

Obligations

Summary

Comments

Obligations					
Obligation Description	Date Obligated	Amount	ODH Adjustment	Net Amount	
Accounting/Fiscal/Human Resources/Secretarial Pool			\$0.00	\$0.00	

Update Cancel

Previous Next

Edit New Approve Delete

- Select appropriate Obligation Description for each entry from the pull down menu

Expenditure Report





Worklist Project Reports View Bulletins Logout

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Select	4/1/2013	6/30/2013	7/15/2013	Quarterly	Due	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Initiated

Quarterly Expenditure Report

Expenditures	Obligations				
	Obligation Description	Date Obligated	Amount	ODH Adjustment	Net Amount
Personnel					\$0.00
Other Direct Costs	<input type="button" value="Edit"/> <input type="button" value="Delete"/>				
Equipment	Personnel (Must be detailed in the Comments Section)	7/15/2013	3000	\$0.00	\$0.00
Contracts					
Obligations				<input type="button" value="Update"/> <input type="button" value="Cancel"/>	
Summary					<input type="button" value="Previous"/> <input type="button" value="Next"/>
Comments					

- Enter the Date Obligated (should not be later than grant end date) and Amount
- Click “Update”

Expenditure Report





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Select	4/1/2013	6/30/2013	7/15/2013	Quarterly	Due	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Initiated

Quarterly Expenditure Report

Expenditures	Obligations				
	Obligation Description	Date Obligated	Amount	ODH Adjustment	Net Amount
Personnel					
Other Direct Costs	Personnel (Must be detailed in the Comments Section)	7/15/2013	\$3,000.00	\$0.00	\$3,000.00
Equipment	Totals:		\$3,000.00	\$0.00	\$3,000.00
Contracts					
Obligations					
Summary					
Comments					

- Click "Summary"

Expenditure Report

Worklist Project Reports View Bulletins Logout

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Select	4/1/2013	6/30/2013	7/15/2013	Quarterly	Due	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Initiated

Quarterly Expenditure Report

Expenditure Summary

Item	YTD Amount	Current Period	ODH Adjustment	Net Amount
A. Total Program Expenditures	\$7,777.67	\$10,725.00	\$0.00	\$18,502.67
B. Deductive Alternative Program Income Received	\$0.00	\$0.00	\$0.00	\$0.00
C. Deductive Alternative Program Income Expended	\$0.00	\$0.00	\$0.00	\$0.00
D. Gross Expenditures Reimbursable	\$7,777.67	\$10,725.00	\$0.00	\$18,502.67
E. Grant Expenditures: 100.00%	\$7,777.67	\$10,725.00	\$0.00	\$18,502.67
F. Applicant Share	\$0.00	\$0.00	\$0.00	\$0.00
G. Additive/Matching Alternative Program Income Received	\$0.00	\$0.00	\$0.00	\$0.00
H. Additive/Matching Alternative Program Income Expended	\$0.00	\$0.00	\$0.00	\$0.00
I. Cumulative Grant Funds Received Year to Date	\$18,444.00		\$0.00	\$18,444.00
J. Available Grant Fund Cash Balance	\$10,666.33		\$0.00	(\$58.67)

Recalculate

Previous Next

Edit New Approve Delete

- Verify Net Amounts for Line “A and J” on the Summary page
- Click “Comments”

Expenditure Report



Ohio Department of **HEALTH**  Grants Management Information System

Worklist Project Reports View Bulletins Logout

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Quarterly Expenditure Report

Expenditures
Personnel
Other Direct Costs
Equipment
Contracts
Obligations
Summary
Comments

Expenditure Report Comments

No Comments

[New](#)

[Previous](#) [Finish](#)

[Edit](#) [New](#) [Approve](#) [Delete](#)

- Click “New”

Expenditure Report




Grants Management Information System

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Expenditure Report Selection Show Selection Criteria
 [Display All Reports](#)

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Quarterly Expenditure Report

Expenditure Report Comments

	Date	ODH Comment	Comment	Attachment	User
Expenditures			<input style="width: 90%; height: 20px;" type="text"/> 1000 characters left	<input type="button" value="Browse..."/> <input type="button" value="Upload"/>	
Personnel					
Other Direct Costs					
Equipment					
Contracts					
Obligations					
Summary					
Comments					

- Enter comment
- If you need to upload an attachment with a report, do so within this page, by clicking “Browse” to locate document and “Upload” to attach

Expenditure Report



Ohio Department of **HEALTH**  **Grants Management Information System**

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Quarterly Expenditure Report

Expenditures

Personnel	Date	ODH Comment	Comment	Attachment	User
Other Direct Costs			Obligations for Stacy Seipel \$2500 and Michelle Lochar \$500 for pay period ending 6/30/2013	Browse... Upload	
Equipment			908 characters left		

[Contracts](#) [Obligations](#) [Summary](#) [Comments](#)

[Update](#) [Cancel](#) [Previous](#) [Finish](#)

[Edit](#) [New](#) [Approve](#) [Delete](#)

- Click “Update” to save the comment

Expenditure Report



Ohio Department of **HEALTH**  **Grants Management Information System**

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Expenditure Report Selection Show Selection Criteria [Display All Reports](#)

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Select	4/1/2013	6/30/2013	7/15/2013	Quarterly	Due	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Initiated

Quarterly Expenditure Report

Expenditure Report Comments

Date	ODH Comment	Comment	Attachment	User
1/14/2014 3:23:58 PM	<input type="checkbox"/>	Obligations for Stacy Seipel \$2500 and Michelle Lochard \$500 for pay period ending 6/30/2013		ODH Subgrantee

[New](#) [Previous](#) [Finish](#)

[Edit](#) [New](#) [Approve](#) [Delete](#)

Expenditure Report



Grants Management Information System

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Expenditure Report Selection Show Selection Criteria

[Display All Reports](#)

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Select	4/1/2013	6/30/2013	7/15/2013	Quarterly	Submitted	00610012IM0613 (2) Subgrantee Response 2/21/2013 3:26:38 PM	0	Submitted 

Expenditure Report

No reports selected.

- The Expenditure Report is successfully submitted!