GMIS

Expenditure Report

7/2014

Expenditure Report Worklist

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Ohio Department of HEALTH

Grants Management Information System

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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

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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

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Ohio Department of HEALTH

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Project Number: 00610012IM0613 Employer Id Number: 346400073

Grant Period Begin: 1/1/2013 Grant Period End : 12/31/2013

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Expenditure Report Selection Show Selection Criteria

Display All Reports

Max # Rows 5	Period Start	Period End	Due Date	Report Type	Period Status	Budget Title	Revision	Report Status
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

- Click “New” to create the Expenditure Report

Expenditure Report

Agency Name: Auglaize County Health Department
Program Title: IMMUNIZATION ACTION PLAN
Project Number: 00610012IM0613 Employer Id Number: 346400073
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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

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Expenditures

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

Recalculate

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

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Quarterly Expenditure Report

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Expenditures

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

Recalculate

Monthly Totals

Month		Actual Amount
1		3575
2		3575
3		3575
Totals:		**$0.00**

Recalculate

Next

Update Cancel

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

Expenditure Report

Agency Name: Auglaize County Health Department
Program Title: IMMUNIZATION ACTION PLAN
Project Number: 00610012IM0613 Employer Id Number: 346400073
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Expenditures

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

Recalculate

Monthly Totals

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

Recalculate

Next

Edit New Approve Delete

- Click “Personnel”

Expenditure Report

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Ohio Department of HEALTH

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Quarterly Expenditure Report

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Personnel

Budgeted Item	Actual Expenditures	ODH Adjustment	Net Amount	Budgeted Amount
Denise Brown	$0.00	$0.00	$0.00	$3,931.08
Brenda Eiting	$0.00	$0.00	$0.00	$8,423.75
Stacy Seipel	$0.00	$0.00	$0.00	$2,422.73
Michelle Lochard	$0.00	$0.00	$0.00	$8,169.82
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

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Personnel

Budgeted Item	Actual Expenditures	ODH Adjustment	Net Amount	Budgeted Amount
Denise Brown	0.00	0.00	$0.00	$3,931.08
Brenda Eiting	0.00	0.00	$0.00	$8,423.75
Stacy Seipel	0.00	0.00	$0.00	$2,422.73
Michelle Lochard	0.00	0.00	$0.00	$8,169.82
Totals:	**$0.00**	**$0.00**	**$0.00**	**$22,947.38**

Previous Next

Update Cancel

- Enter Actual Expenditure amounts for each employee

Expenditure Report

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Quarterly Expenditure Report

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Personnel

Budgeted Item	Actual Expenditures	ODH Adjustment	Net Amount	Budgeted Amount
Denise Brown	600	0.00	$0.00	$3,931.08
Brenda Eiting	500	0.00	$0.00	$8,423.75
Stacy Seipel	2000	0.00	$0.00	$2,422.73
Michelle Lochard	0.00	0.00	$0.00	$8,169.82
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

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Personnel

Budgeted Item	Actual Expenditures	ODH Adjustment	Net Amount	Budgeted Amount
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 Lochard	$0.00	$0.00	$0.00	$8,169.82
Totals:	**$3,100.00**	**$0.00**	**$3,100.00**	**$22,947.38**

New

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Edit New Approve Delete

- Click “Other Direct Cost”

Expenditure Report

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Other Direct Costs

Budgeted Item	Actual Expenditures	ODH Adjustment	Net Amount	Budgeted Amount
Postage	$0.00	$0.00	$0.00	$353.30
Office Supplies	$0.00	$0.00	$0.00	$54.32
Travel (includes mileage)	$0.00	$0.00	$0.00	$126.00
Printing	$0.00	$0.00	$0.00	$50.00
Totals:	**$0.00**	**$0.00**	**$0.00**	**$583.62**

New

Previous Next

Edit New Approve Delete

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

Expenditure Report

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Other Direct Costs

Budgeted Item	Actual Expenditures	ODH Adjustment	Net Amount	Budgeted Amount
Postage	0.00	0.00	$0.00	$353.30
Office Supplies	0.00	0.00	$0.00	$54.32
Travel (includes mileage)	0.00	0.00	$0.00	$126.00
Printing	0.00	0.00	$0.00	$50.00
Totals:	**$0.00**	**$0.00**	**$0.00**	**$583.62**

Previous Next

Update Cancel

- Enter Actual Expenditure amounts for each line item

Expenditure Report

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Ohio Department of HEALTH

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Other Direct Costs

Budgeted Item	Actual Expenditures	ODH Adjustment	Net Amount	Budgeted Amount
Postage	200.00	0.00	$200.00	$353.30
Office Supplies	45.00	0.00	$45.00	$54.32
Travel (includes mileage)	100.00	0.00	$100.00	$126.00
Printing	30.00	0.00	$30.00	$50.00
Totals:	**$375.00**	**$0.00**	**$375.00**	**$583.62**

Previous Next

Update Cancel

- Click “Update” to save information

Expenditure Report

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Ohio Department of HEALTH — Grants Management Information System

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Other Direct Costs

Budgeted Item	Actual Expenditures	ODH Adjustment	Net Amount	Budgeted Amount
Postage	$200.00	$0.00	$200.00	$353.30
Office Supplies	$45.00	$0.00	$45.00	$54.32
Travel (includes mileage)	$100.00	$0.00	$100.00	$126.00
Printing	$30.00	$0.00	$30.00	$50.00
Totals:	**$375.00**	**$0.00**	**$375.00**	**$583.62**

New

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Edit New Approve Delete

- Click “Equipment”

Expenditure Report

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Equipment

No Equipment specified in Budget

New

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Edit New Approve Delete

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

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Quarterly Expenditure Report

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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	$0.00	$0.00	$3,042.72
Van Wert County Health Department	Other Direct Costs	$95.70	$0.00	$0.00	$95.70
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**	**$0.00**	**$0.00**	**$3,138.42**

Recalculate

Previous Next

Edit New Approve Delete

- Click “Edit”

Expenditure Report

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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	0.00	0.00	$3,042.72
Van Wert County Health Department	Other Direct Costs	$95.70	0.00	0.00	$95.70
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**	**$0.00**	**$0.00**	**$3,138.42**

Recalculate

Previous Next

Update Cancel

- Enter the Current Period amounts for the contractor by category

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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

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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

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Update Cancel

- Click “Update”

Expenditure Report

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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

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Display All Reports

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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

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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

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No obligations

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Edit New Approve Delete

- Click “Edit”

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Obligations

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

Update Cancel

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Edit New Approve Delete

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

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Obligations

	Obligation Description	Date Obligated	Amount	ODH Adjustment	Net Amount
Edit Delete					$0.00
	Personnel (Must be detailed in the Comments Section)	7/15/2013	3000	$0.00	$0.00

Update Cancel

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Edit New Approve Delete

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

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	Obligation Description	Date Obligated	Amount	ODH Adjustment	Net Amount
Edit Delete	Personnel (Must be detailed in the Comments Section)	7/15/2013	$3,000.00	$0.00	$3,000.00
Totals:			$3,000.00	$0.00	$3,000.00

New

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Edit New Approve Delete

- Click “Summary”

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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

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Edit New Approve Delete

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

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Expenditure Report Comments

No Comments

New

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- Click “New”

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Date	ODH Comment	Comment	Attachment	User
		1000 characters left	Browse... Upload	

Update Cancel

Previous Finish

Edit New Approve Delete

- 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

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Date	ODH Comment	Comment	Attachment	User
		Obligations for Stacy Seipel $2500 and Michelle Lochard $500 for pay period ending 6/30/2013 908 characters left	Browse... Upload	

Update Cancel

Previous Finish

Edit New Approve Delete

- Click “Update” to save the comment

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Quarterly Expenditure Report

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Expenditure Report Comments

	Date	ODH Comment	Comment	Attachment	User
Edit Delete	1/14/2014 3:23:58 PM		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

- Click “Approve” to submit report

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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.

New

- The Expenditure Report is successfully submitted!