

**Ohio Department of Mental Health and Addiction Services
SFY 2014 Budget/Expenditure Form**

Implementing Agency: _____

Grant Program Area: _____

Budget Period: _____

State Grant #: _____

<i>For OhioMHAS Internal Use Only</i>	
APPROVED BY	DATE

- Initial Application**
- Budget Revision***
- Expenditure Report**

A. Budget Categories:	B. ODADAS Funds	C. Other Funds	D. Total Funds
Category I: Personnel Costs			
A1. Personnel	\$0	\$0	\$0
A2. Fringe Benefits	0	0	0
Category II: Non-Personnel Costs			
A3. Consultants	0	0	0
A4. Subscriptions & Publications	0	0	0
A5. Supplies	0	0	0
A6. Printing/Copying	0	0	0
A7. Rent/Lease Expenses	0	0	0
A8. Phone/Utilities	0	0	0
A9. Maintenance/Repair	0	0	0
A10. Rentals	0	0	0
A11. Insurance	0	0	0
Category III: Motor Vehicle/Travel/Food/Conference			
A12. Motor Vehicle	0	0	0
A13. Travel	0	0	0
A14. Food	0	0	0
A15. Conference/Training/Registration	0	0	0
Category IV: Equipment/Furniture			
A16. Equipment/Computer	0	0	0
A17. Furniture	0	0	0
E. Totals	\$0	\$0	\$0

<p>When this form is completed as an expenditure report the person submitting must print or type name and sign the document.</p> <p>Prepared By: _____</p> <p>Fiscal Signature: _____</p> <p>Date: _____</p>

***Prior written approval must be obtained from OhioMHAS before incurring costs that exceed a 10% change between Budget Categories or any change to Category IV.**