

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

QUARTERLY EXPENDITURE REPORT

IMPLEMENTING AGENCY: Example FEIN: Example AGREEMENT #: Example
 PROGRAM: Example PROGRAM PERIOD: ##/##/## THROUGH ##/##/##

THIS REPORT IS FOR THE PERIOD FROM: ##/##/## THROUGH: ##/##/##

LINE ITEM Expenses	BUDGET	EXPENDITURE PERIOD					YTD Expense Total	BUDGET REMAINING	Projected Expenses Next Quarter
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Close-out Expenses			
Personnel							\$0	\$0	
Equipment							\$0	\$0	
Commodities							\$0	\$0	
Travel							\$0	\$0	
Contractual							\$0	\$0	
Other Costs							\$0	\$0	
TOTAL Expenses for the Period		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL Expenditures To-Date		\$0	\$0	\$0	\$0	\$0	\$0		
Budget Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0		

SAMPLE

Year-To-Date Expenditure and Payment Status	To be filled by Grantee	To be filled by ICJIA
A) Payments received Year-to-Date		
B) TOTAL AMOUNT VOUCHERED Y-T-D		
C) Expenditures Year-To-Date	\$0	
D) Cash Balance	\$0	
E) Projected Expenses Next Quarter	\$0	
Cash Required to Meet Expenses	\$0	
Disbursal Requested		

ICJIA/FSGU USE ONLY DISBURSAL AMOUNT APPROVED	FY		
	Total		\$0
Signature of ICJIA Project Monitor		Date	

Monitor Supervisor

Date

Certification and Approval: We certify that the attached services are true, accurate and complete, that the services are proper charges against the State of Illinois and that payment has NOT been received from any other source. We agree to keep and make available such hard copy records and source documents associated with the attached services as necessary to disclose fully the nature and extent of services provided and to furnish such information regarding any payments claimed as State and Federal officials may request.

Preparer of this Report

Telephone:

Email

Date

Approver of this Report (must be different than Preparer)

Telephone:

Email

Date

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

QUARTERLY EXPENDITURE REPORT

2 Year Report
Quarter 1 through 4

IMPLEMENTING AGENCY: Example FEIN: Example AGREEMENT # Example
 PROGRAM: Example PROGRAM PERIOD: ##/##/## THROUGH ##/##/##

THIS REPORT IS FOR THE PERIOD FROM: ##/##/## THROUGH: ##/##/##

LINE ITEM Expenses	BUDGET	EXPENDITURE PERIOD				YTD Expenses	BUDGET REMAINING	Projected Expenses Next Quarter
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter			
Personnel						\$0	\$0	
Equipment						\$0	\$0	
Commodities						\$0	\$0	
Travel						\$0	\$0	
Contractual						\$0	\$0	
Other Costs						\$0	\$0	
TOTAL Expenses for the Period		\$0	\$0	\$0	\$0		\$0	\$0
TOTAL Expenditures To-Date		\$0	\$0	\$0	\$0	\$0		
Budget Balance	\$0	\$0	\$0	\$0	\$0	\$0		

SAMPLE

Year-To-Date Expenditure and Payment Status	To be filled by Grantee	To be filled by ICJIA
A) Payments received Year-to-Date		
B) TOTAL AMOUNT VOUCHERED Y-T-D		
C) Expenditures Year-To-Date	\$0	
D) Cash Balance	\$0	
E) Projected Expenses Next Quarter	\$0	
Cash Required to Meet Expenses	\$0	
Disbursal Requested		

ICJIA/FSGU USE ONLY DISBURSAL AMOUNT APPROVED	FY		
	Total		\$0
Signature of ICJIA Project Monitor		Date	
Monitor Supervisor		Date	

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Preparer of this Report _____ Telephone: _____ Email _____ Date _____

Approver of this Report (must be different than Preparer) _____ Telephone: _____ Email _____ Date _____

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

QUARTERLY EXPENDITURE REPORT

2nd Year Report
Quarter 5 through 8

IMPLEMENTING AGENCY: Example FEIN: Example AGREEMENT #: Example
 PROGRAM: Example PROGRAM PERIOD: ##/##/## THROUGH: ##/##/##

THIS REPORT IS FOR THE PERIOD FROM: ##/##/## THROUGH: ##/##/##

LINE ITEM Expenses	BUDGET Carry-over	EXPENDITURE PERIOD					YTD Expenses	BUDGET REMAINING	Projected Expenses Next Quarter
		5th Quarter	6th Quarter	7th Quarter	8th Quarter	Close-out Expenses			
Personnel	\$0						\$0	\$0	
Equipment	\$0						\$0	\$0	
Commodities	\$0						\$0	\$0	
Travel	\$0						\$0	\$0	
Contractual	\$0						\$0	\$0	
Other Costs	\$0						\$0	\$0	
TOTAL Expenses for the Period		\$0	\$0	\$0	\$0	\$0		\$0	\$0
TOTAL Expenditures To-Date	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Budget Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0		

SAMPLE

Year-To-Date Expenditure and Payment Status	To be filled by Grantee	To be filled by ICJIA
A) Payments received Year-to-Date		
B) TOTAL AMOUNT VOUCHERED Y-T-D		
C) Expenditures Year-To-Date	\$0	
D) Cash Balance	\$0	
E) Projected Expenses Next Quarter	\$0	
Cash Required to Meet Expenses	\$0	
Disbursal Requested		

ICJIA/FSGU USE ONLY DISBURSAL AMOUNT APPROVED	FY	
	FY	
	Total	\$0
Signature of ICJIA Project Monitor		Date

Monitor Supervisor

Date

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ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

MONTHLY EXPENDITURE REPORT - Month 1 - 6

IMPLEMENTING AGENCY: Example FEIN: Example AGREEMENT Example
 PROGRAM: Example PROGRAM PERIOD: ##/##/## THROUGH: ##/##/##

THIS REPORT IS FOR THE PERIOD FROM: ##/##/## THROUGH: ##/##/##

LINE ITEM Expenses	BUDGET	EXPENDITURE PERIOD						YTD Expenses	BUDGET REMAINING	Projected Expenses Next Month
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6			
Personnel	\$0							\$0	\$0	
Equipment	\$0							\$0	\$0	
Commodities	\$0							\$0	\$0	
Travel	\$0							\$0	\$0	
Contractual	\$0							\$0	\$0	
Other Costs	\$0							\$0	\$0	
TOTAL Expenses for the Period		\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
TOTAL Expenditures To-Date		\$0	\$0	\$0	\$0	\$0	\$0			
Budget Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0			

SAMPLE

Year-To-Date Expenditure and Payment Status	To be filled by Grantee	To be filled by ICJIA
A) Payments received Year-to-Date		
B) TOTAL AMOUNT VOUCHERED Y-T-D		
C) Expenditures Year-To-Date	\$0	
D) Cash Balance	\$0	
E) Projected Expenses Next Quarter	\$0	
Cash Required to Meet Expenses	\$0	
Requested Disbursal		

FY	
FY	
Total	\$0
Signature of ICJIA Project Monitor	Date

Monitor Supervisor

Date

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ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

MONTHLY EXPENDITURE REPORT - Month 7 - 12

IMPLEMENTING AGENCY: Example FEIN: Example AGREEMENT #: Example
 PROGRAM: Example PROGRAM PERIOD: ##/##/## THROUGH ##/##/##

THIS REPORT IS FOR THE PERIOD FROM: ##/##/## THROUGH: ##/##/##

LINE ITEM Expenses	BUDGET Carry-Over	EXPENDITURE PERIOD							YTD Expenses	BUDGET REMAINING	Projected Expenses Next Month
		Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Close-out Expenses			
Personnel	\$0								\$0	\$0	
Equipment	\$0								\$0	\$0	
Commodities	\$0								\$0	\$0	
Travel	\$0								\$0	\$0	
Contractual	\$0								\$0	\$0	
Other Costs	\$0								\$0	\$0	
TOTAL Expenses for the Period		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
TOTAL Expenditures To-Date		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Budget Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			

Year-To-Date Expenditure and Payment Status	To be filled by Grantee	To be filled by ICJIA
A) Payments received Year-to-Date		
B) TOTAL AMOUNT VOUCHERED Y-T-D		
C) Expenditures Year-To-Date	\$0	
D) Cash Balance	\$0	
E) Projected Expenses Next Quarter	\$0	
Cash Required to Meet Expenses	\$0	
Requested Disbursal		

FY	
FY	
Total	\$0
Signature of ICJIA Project Monitor	Date

Monitor Supervisor

Date

Certification and Approval: We certify that the attached services are true, accurate and complete, that the services are proper charges against the State of Illinois and that payment has NOT been received from any other source. We agree to keep and make available such hard copy records and source documents associated with the attached services as necessary to disclose fully the nature and extent of services provided and to furnish such information regarding any payments claimed as State and Federal officials may request.

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ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY
MATCHING FUNDS QUARTERLY REPORT

2 Yr Match Qtr 1-4

IMPLEMENTING AGENCY: Example FEIN: Example AGREEMENT No. Example

PROGRAM: Example PROGRAM PERIOD: ##/##/## THRU: ##/##/##

THIS REPORT IS FOR THE PERIOD FROM: ##/##/## THROUGH: ##/##/##

LINE ITEM Expenses	MATCH BUDGET	EXPENDITURE PERIOD				YTD Expenses	BUDGET REMAINING	Projected Expenses Next Quarter
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter			
Personnel						\$0	\$0	
Equipment						\$0	\$0	
Commodities						\$0	\$0	
Travel						\$0	\$0	
Contractual						\$0	\$0	
Other Costs						\$0	\$0	
TOTAL Expenses for the Period		\$0	\$0	\$0	\$0			\$0
TOTAL Expenditures To-Date		\$0	\$0	\$0	\$0	\$0		
Match Budget Balance	\$0	\$0	\$0	\$0	\$0		\$0	

Year-to-Date Match Fund Status	
Match Funds Expended YTD	\$0
Match Cash Balance	\$0
Projected Expenses Next Quarter	\$0
Match Cash Balance after Projected Expenses	\$0

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

MATCHING FUNDS QUARTERLY REPORT

IMPLEMENTING AGENCY: Example FEIN: Example AGREEMENT #: Example

PROGRAM: Example PROGRAM PERIOD: ##/##/## THROUGH ##/##/##

THIS REPORT IS FOR THE PERIOD FROM: ##/##/## THROUGH: ##/##/##

LINE ITEM Expenses	MATCH BUDGET	EXPENDITURE PERIOD					YTD Expenses	BUDGET REMAINING	Projected Expenses Next Quarter
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Close-out Expenses			
Personnel	\$0						\$0	\$0	
Equipment	\$0						\$0	\$0	
Commodities	\$0						\$0	\$0	
Travel	\$0						\$0	\$0	
Contractual	\$0						\$0	\$0	
Other Costs	\$0						\$0	\$0	
TOTAL Expenses for the Period		\$0	\$0	\$0	\$0	\$0			\$0
TOTAL Expenditures To-Date		\$0	\$0	\$0	\$0	\$0	\$0		
Match Budget Balance	\$0	\$0	\$0	\$0	\$0	\$0		\$0	

Year-to-Date Match Fund Status	
Match Funds Expended YTD	\$0
Match Cash Balance	\$0
Projected Expenses Next Quarter	\$0
Match Cash Balance after Projected Expenses	\$0

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY
MATCHING FUNDS QUARTERLY REPORT

2 Yr Match Qtr 5-8

IMPLEMENTING AGENCY: Example FEIN: Example AGREEMENT #: Example

PROGRAM: Example PROGRAM PERIOD: ##/##/## THROUGH ##/##/##

THIS REPORT IS FOR THE PERIOD FROM: ##/##/## THROUGH: ##/##/##

LINE ITEM Expenses	Budget Carry-Over	EXPENDITURE PERIOD					YTD Expenses	BUDGET REMAINING	Projected Expenses Next Quarter
		5th Quarter	6th Quarter	7th Quarter	8th Quarter	Close-out Expenses			
Personnel	\$0						\$0	\$0	
Equipment	\$0						\$0	\$0	
Commodities	\$0						\$0	\$0	
Travel	\$0						\$0	\$0	
Contractual	\$0						\$0	\$0	
Other Costs	\$0						\$0	\$0	
TOTAL Expenses for the Period		\$0	\$0	\$0	\$0	\$0			\$0
TOTAL Expenditures To-Date		\$0	\$0	\$0	\$0	\$0			
Match Budget Balance	\$0	\$0	\$0	\$0	\$0	\$0		\$0	

Year-to-Date Match Fund Status	
Match Funds Expended YTD	\$0
Match Cash Balance	\$0
Projected Expenses Next Quarter	\$0
Match Cash Balance after Projected Expenses	\$0

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY
MONTHLY MATCH REPORT - Month 1 - 6

IMPLEMENTING AGENCY: Example FEIN: Example AGREEMENT #: Example

PROGRAM: Example PROGRAM PERIOD: ##/##/## THROUGH ##/##/##

THIS REPORT IS FOR THE PERIOD FROM: ##/##/## THROUGH: ##/##/##

LINE ITEM Expenses	MATCH BUDGET	EXPENDITURE PERIOD						YTD Expenses	BUDGET REMAINING	Projected Expenses Next Month
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6			
Personnel	\$0							\$0	\$0	
Equipment	\$0							\$0	\$0	
Commodities	\$0							\$0	\$0	
Travel	\$0							\$0	\$0	
Contractual	\$0							\$0	\$0	
Other Costs	\$0							\$0	\$0	
TOTAL Expenses for the Period		\$0	\$0	\$0	\$0	\$0	\$0			\$0
TOTAL Expenditures To-Date		\$0	\$0	\$0	\$0	\$0	\$0			
Budget Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	

Year-to-Date Match Fund Status	
Match Funds Expended YTD	\$0
Match Cash Balance	\$0
Projected Expenses Next Quarter	\$0
Match Cash Balance after Projected Expenses	\$0

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY
MONTHLY MATCH REPORT - Month 7 - 12

IMPLEMENTING AGENCY: Example FEIN: Example AGREEMENT #: Example

PROGRAM: Example PROGRAM PERIOD: ##/##/## THROUGH ##/##/##

THIS REPORT IS FOR THE PERIOD FROM: ##/##/## THROUGH: ##/##/##

LINE ITEM Expenses	Remaining Carry-Over	EXPENDITURE PERIOD						Close-out Expenses	YTD Expenses	BUDGET REMAINING	Projected Expenses Next Month
		Month 7	Month 8	Month 9	Month 10	Month 11	Month 12				
Personnel	\$0								\$0	\$0	
Equipment	\$0								\$0	\$0	
Commodities	\$0								\$0	\$0	
Travel	\$0								\$0	\$0	
Contractual	\$0								\$0	\$0	
Other Costs	\$0								\$0	\$0	
TOTAL Expenses for the Period		\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$0
TOTAL Expenditures To-Date		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Budget Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	

Year-to-Date Match Fund Status	
Match Funds Expended YTD	\$0
Match Cash Balance	\$0
Projected Expenses Next Quarter	\$0
Match Cash Balance after Projected Expenses	\$0

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

INCOME RECEIVED AND EXPENDED QUARTERLY REPORT

IMPLEMENTING AGENCY: Example **FEIN:** Example **AGREEMENT #:** Example

PROGRAM: Example **PROGRAM PERIOD:** ##/##/## **THROUGH:** ##/##/##

This Report is for the Period from: <u>##/##/##</u> Through: <u>##/##/##</u>					
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	TOTALS
INCOME RECEIVED					
FORFEITURE					\$0
FEES					\$0
OTHER					\$0
TOTAL INCOME RECEIVED				\$0	
TOTAL INCOME RECEIVED Y-T-D	\$0	\$0	\$0	\$0	
INCOME EXPENDED					
PROJECT INCOME EXPENDED					\$0
TOTAL INCOME EXPENDED Y-T-D	\$0	\$0	\$0	\$0	
CUMULATIVE TOTALS					
PROJECT INCOME BALANCE for QTR	\$0	\$0	\$0	\$0	
TOTAL PROJECT INCOME BALANCE Y-T-D	\$0	\$0	\$0	\$0	\$0

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Preparer of This Report _____ Telephone: _____ Email _____ Date _____

Approver of Report (must be different than above) _____ Telephone: _____ Email _____ Date _____

ICJIA Project Monitor _____ Telephone: _____ Email _____ Date _____

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY
INCOME RECEIVED AND EXPENDED QUARTERLY REPORT Year 2 Qtr 5-8

IMPLEMENTING AGENCY: Example **FEIN:** Example **AGREEMENT #:** Example

PROGRAM: Example **PROGRAM PERIOD:** ##/##/## **THROUGH:** ##/##/##

This Report is for the Period from: ##/##/## Through: ##/##/##

	Carry-Over Balance	5th Qtr	6th Qtr	7th Qtr	8th Qtr	GRAND TOTALS
Categories		INCOME RECEIVED				
FORFEITURE	\$0					\$0
FEES	\$0					\$0
OTHER	\$0					\$0
TOTAL INCOME RECEIVED	\$0				\$0	
TOTAL INCOME RECEIVED Y-T-D	\$0	\$0	\$0	\$0	\$0	\$0
INCOME EXPENDED						
PROJECT INCOME EXPENDED	\$0					
TOTAL INCOME EXPENDED Y-T-D	\$0	\$0	\$0	\$0	\$0	\$0
CUMULATIVE TOTALS						
PROJECT INCOME BALANCE for QTR	\$0	\$0	\$0	\$0	\$0	
TOTAL PROJECT INCOME BALANCE Y-T-D	\$0	\$0	\$0	\$0	\$0	\$0

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ICJIA Project Monitor _____ Telephone: _____ Email _____ Date _____