

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
 BUREAU OF COMMUNITY HEALTH SYSTEMS  
 PUBLIC HEALTH EMERGENCY PREPAREDNESS  
**AFFIDAVIT OF EXPENDITURES**

\*\*\*\*\*

AGENCY NAME: \_\_\_\_\_ Phone \_\_\_\_\_

AGENCY MAILING ADDRESS: \_\_\_\_\_

GRANT PERIOD: August 10, 2011 - August 9, 2012 Email: \_\_\_\_\_

GRANT TITLE: 2011-2012 Public Health Emergency Preparedness

Reporting Period: \_\_\_\_\_

EXPENDITURE CLASSIFICATION	Line Item Amounts (Each)	Line Totals
<b>PERSONNEL - Salaries, Wages, Fringes</b> (Please list each staff member and the FTE paid by BT)		
Sub-total Personnel		0
<b>TRAVEL - Mileage, Meals, Lodging, Parking/Toll</b>		
Sub-total Travel		0
<b>SUPPLIES - Office, Medical, Exercise/Clinic/POD</b>		
Sub-total Supplies		0
<b>EQUIPMENT - PPE, Communications, IT, POD</b>		
Sub-total Equipment		0
<b>CONTRACTUAL - Subcontracts</b> (Personnel), <b>Services</b> (IT Service Agreements, Leases/Rental Agreements)		
Sub-total Contractual		0
<b>OTHER - Subscriptions</b> (Internet, Cellular, Telephone, KIPHS User Fees), <b>Other</b> (Pamphlets/Media, Meeting Expenses, Postage, Administrative Fees, Training/Education)		
Sub-total Other		0
<b>CONTRACT TOTAL</b>		<b>0</b>

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ TITLE \_\_\_\_\_