

## Ohio Department of Mental Health and Addiction Services Budget/Expenditure Form

Implementing Agency: \_\_\_\_\_

Grant Program Area: \_\_\_\_\_

Budget Period: \_\_\_\_\_

State Grant #: \_\_\_\_\_

*For OhioMHAS Internal Use Only*

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

APPROVED BY \_\_\_\_\_

DATE \_\_\_\_\_

A. Budget Categories:	B. ODADAS Funds	C. Other Funds	D. Total Funds
<b>Category I: Personnel Costs</b>			
A1. Personnel	\$0	\$0	\$0
A2. Fringe Benefits	0	0	0
<b>Category II: Non-Personnel Costs</b>			
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
<b>Category III: Motor Vehicle/Travel/Food/Conference</b>			
A12. Motor Vehicle	0	0	0
A13. Travel	0	0	0
A14. Food	0	0	0
A15. Conference/Training/Registration	0	0	0
<b>Category IV: Equipment/Furniture</b>			
A16. Equipment/Computer	0	0	0
A17. Furniture	0	0	0
<b>E. Totals</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

When this form is completed as an expenditure report the person submitting must print or type name and sign the document.

Prepared By: \_\_\_\_\_

Fiscal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*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.

The Ohio Department Mental Health and Addiction Services  
Equipment/Furniture/Computer Software/Hardware Itemization Form

Please list each item separately. Complete as many forms as needed.

Date: \_\_\_\_\_ Grant Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Program Title: \_\_\_\_\_

Name of Person Completing This Form: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Item Description: \_\_\_\_\_

Make: \_\_\_\_\_ Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Asset ID Number: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Funding Source:  State  Federal

Item Description: \_\_\_\_\_

Make: \_\_\_\_\_ Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Asset ID Number: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Funding Source:  State  Federal

Item Description: \_\_\_\_\_

Make: \_\_\_\_\_ Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Asset ID Number: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Funding Source:  State  Federal

Item Description: \_\_\_\_\_

Make: \_\_\_\_\_ Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Asset ID Number: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Funding Source:  State  Federal