



### Affidavit Page 2

Month and Year:	Classification (Mark all that apply)	BFFC Expenses (only)	Nutrition Education	Breast Feeding	Client Services	General Admin	Total
October-19	Anthropometric Equipment _____ Computer Equipment _____ Special Training Funds _____						\$0.00
<p><b>This page should only be used when the County has been given prior approval to:</b></p> <ul style="list-style-type: none"> <li>&gt; purchase Anthropometric Equipment</li> <li>&gt; purchase Computer Equipment</li> <li>&gt; use Special Training Funds</li> </ul> <p><b>**Must provide a copy of the invoice(s) for each item listed.**</b></p>							\$0.00
<p>Comments: _____ Totals From This Page</p>							\$0.00
<p>Note: These totals will automatically transfer to page one.</p>							\$0.00

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### HEADING

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT WIC PROGRAM AFFIDAVIT OF EXPENDITURES	
LOCAL AGENCY NAME: <u>Name of County Health Department</u>	Phone # _____
Month and Year: <u>January-19</u>	Type of Submission: (mark appropriate type) Correction _____ Supplemental _____

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### SIGNATURE BLOCK

I certify this statement is true and correct according to the records of this office.	
Signature: _____	Date: <u>7/8/2019</u>
Title: <u>RN/ADM. Office Manager</u>	

I certify this statement is true and correct according to the records of this office.	
Approved by: _____	Date: _____
Title: _____	

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### COST CATEGORY

<input type="checkbox"/> Nutr. Ed	<input type="checkbox"/> BF Support	<input type="checkbox"/> Client Svcs	<input type="checkbox"/> Gen Admin	<input checked="" type="checkbox"/> BFFC
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- Nutrition Education (1/6 total expense)
- Breastfeeding Support
- Client Services
- General Admin
- Breastfeeding Peer Counselor

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**Kansas AFFIDAVITS 101**

**EXPENSE CATEGORY**

Salary	Equipment
KPERS	Repairs/Serviceing
FICA	Phone (communications)
Health Insurance	Postage
Workers Compensation	Printing
Unemployment	Space Usage
Consultants (RD)	Rent
Training	Utilities
Mileage	Other
Advertising	
Med. Sup.	Indirects
Office sup./Educational Sup	Total

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**Kansas AFFIDAVITS 101**

**Indirect Rate**

	\$0.00
Totals From This Page	\$1,444.24
Indirects 17.6%	\$402.36
Totals From Page Two	
Grand Total Reimbursement	\$1,846.00

Indirect Rate: Maximum FFY was 17.6%  
 $1444.24 * 0.176 = 254.19$   
 $\$1444.24 + 254.19 = \$1698.43$

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**Kansas AFFIDAVITS 101**

Equipment	Computer Equipment	Special Training Funds	SPFC Expenses (only)	Nutrition Education	Break Feeding	Client Services	General Admin	Total
								\$17.44
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00

**\*\*Must provide a copy of the invoice(s) for each item listed.\*\***

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**AFFIDAVITS 101**

MILEAGE	AMOUNT	HOTEL	MEALS	OTHER	TOTAL
36	\$18.72				\$18.72
36	\$18.72				\$18.72
	\$0.00				\$0.00
	\$0.00				\$0.00
	\$0.00				\$0.00
72	\$37.44	\$0.00	\$0.00	\$0.00	\$37.44

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**AFFIDAVITS 101**

EXPENSES:					
6. Training					\$0.00
6. Mileage	# of miles	72	\$8.50	\$37.44	\$37.44
7. Advertising					\$0.00
8. Medical Supplies	Enter number of miles here.			cannot exceed maximum allowed mileage reimbursement.	\$0.00
9. Office/Education Supplies					\$0.00
9. Equipment					\$0.00
1. Dispute/Settlement					\$0.00

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**AFFIDAVITS 101**

Amount	Amount	Amount	Amount	Amount	
Total Salaries and Benefits	\$978.73	\$464.99	\$1,739.92	\$1,311.76	\$4,495.40
		\$3.32	\$3.32	\$6.64	
		\$19.05	\$19.05	\$38.10	
		\$0.00	\$0.00	\$0.00	
		\$25.27	\$25.27	\$50.54	
# of miles	\$15.26	\$3.40	\$14.86	\$27.14	
	\$68.64	\$65.56	\$145.63	\$163.97	\$443.70
	\$93.72			\$93.72	
				\$0.00	
SUBTOTAL	\$1,156.25	\$533.95	\$1,936.67	\$1,523.37	\$5,150.24
	\$2,134.97	\$998.84	\$3,676.68	\$2,835.14	\$9,645.63
	\$0.00	\$0.00	\$0.00	\$0.00	
	\$2,134.97	\$998.84	\$3,676.68	\$2,835.14	\$9,645.63
Whole Dollar Amount to be Reimbursed					\$3,645

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**AFFIDAVITS 101**

Amount	Amount	Amount	Amount	Amount	
Total Salaries and Benefits	\$978.73	\$464.99	\$1,739.92	\$1,311.76	\$4,495.40
		\$3.32	\$3.32	\$6.64	
		\$19.05	\$19.05	\$38.10	
		\$0.00	\$0.00	\$0.00	
		\$25.27	\$25.27	\$50.54	
# of miles	\$15.26	\$3.40	\$14.86	\$27.14	
	\$68.64	\$65.56	\$145.63	\$163.97	\$443.70
	\$93.72			\$93.72	
				\$0.00	
SUBTOTAL	\$1,177.52	\$68.96	\$196.75	\$211.61	\$5,150.24
	\$1,156.25	\$533.95	\$1,936.67	\$1,523.37	\$5,150.24
	\$0.00	\$0.00	\$0.00	\$0.00	
	\$1,156.25	\$533.95	\$1,936.67	\$1,523.37	\$5,150.24
Whole Dollar Amount to be Reimbursed					\$5,150

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AFFIDAVITS 101

**Submit:**

[KDHE.KSWICFiscal@ks.gov](mailto:KDHE.KSWICFiscal@ks.gov)

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