STATE OF ARIZONA

Additional Federal Expenditure Reporting Form

At June 30, 20___

Exhibit H (3)

Agency: _____ _____
ID Code Agency Name:

Prepared: _____ By: _____ _____
Date Employee Name Title

_____ _____
Phone Email

Approved: _____ By: _____ _____
Date Name/Title Email

GRANTOR	ALN*	FUND	APPROP	OTHER	REVENUE	EXPENDITURES

Only fill out this form if answering 'NO' to question #1 on Form 15, the Federal Financial Assistance Checklist.

A 'NO' response to question #1 indicates that your department has federal grants but does not have established cost structure elements to capture the federal expenses in AZ360 necessary to facilitate grant reporting.

Upon submission of this form you will be contacted by the GAO.

* Assistance Listing Number (ALN)