

FORM 9
CERTIFICATION OF ADMINISTRATIVE EXPENDITURES

Grantee Name and Address		Contract Number		
BUDGET LINE ITEM	TOTAL ADMIN BUDGET	EXPENDITURES ALREADY REQUESTED	EXPENDITURES THIS REQUEST	UNEXPENDED BUDGET BALANCE
SALARIES				
FRINGE				
TRAVEL				
COMMUNICATIONS				
UTILITIES				
SUPPLIES				
MAINTENANCE				
RENT				
STAFF TRAINING				
INDIRECT COSTS				
AUDIT				
TOTAL				

TIME FRAME COVERED BY THIS REQUEST: FROM _____ TO _____

TOTAL AMOUNT THIS REQUEST: \$ _____

I certify that the above expenditures have been made in the administration of the THDA Housing Trust Fund grant cited above. I further certify that invoices or other appropriate documentation to substantiate this requisition are contained in our program files.

 Director or Chief Financial Officer

DATE: _____