ATTACHMENT C MONTHLY EXPENDITURE REPORT

Agency Name:	Community Partners of El Paso, Inc.
Program Name:	Rainbow Room
Date:	

Budget Line Item	Item Description	Period	Total
Rainbow Room Supplies			
Birth Certificates			
Kinship Licensing			
Kinship Services - Background Checks			
Intent to Return			
Total Amount Expended:			

Agency Executive Director or Representative

Name (print) _____ Signature _____ Date _____

ATTACHMENT "X" SUPPORTING WORKSHEET

Agency Name: Community Partners of El Paso, Inc.

Program Name: Rainbow Room

Reporting Period: October 1, 2022 - September 30, 2023 Date:

Rainbow Room Supplies

Vendor	Item Description	Invoice/Receipt #	Purchase Date	ACH/Check #	Invoice Amount

Birth Certificates

Vendor/Issuer	Item Description / Description of Services	Invoice/Receipt #	Purchase Date	ACH/Check #	Invoice Amount

Kinship Licensing

Vendor/Issuer	Item Description / Description of Services	Invoice/Receipt #	Purchase Date	ACH/Check #	Invoice Amount

Kinship Services - Background Checks

Vendor/Issuer	Item Description / Description of Services	Invoice/Receipt #	Purchase Date	ACH/Check #	Invoice Amount

Intent to Return

Service Provider (Foster Home/Shelter)	Description of Services	Invoice/Receipt #	Purchase Date	ACH/Check #	Invoice Amount