

Ulster County Health Department  
Tobacco Education and Prevention Program  
Grant Budget Supplemental Form  
Calendar Year 2004

Please use this form to define and/or explain expenditures listed on Budget Form:

1. Personal services: Please define how personal services will be paid. If you are paying an hourly fee, you should list the rate, as well as the anticipated number of hours. If you are contracting for services, state the program cost, the date and location of the services rendered.
2. Materials and supplies: **In order to be reimbursed by Ulster County, you must submit receipts which state what was purchased, the date, amount, and proof of payment. No claims will be paid without these receipts.**
3. Mileage will be reimbursed at the contractor's mileage rate or the prevailing county rate at the time of travel, whichever is lower; all other travel expenditures must be accompanied by receipts.