

Program Expenditure Report – Fringe Benefits

Instructions/Examples

| CHECK             |         | SERVICE/FILING PERIOD |         | PAYEE NAME             | TYPE OF FRINGE BENEFIT                   | AMOUNT OF CHECK | AMOUNT CHARGEABLE TO IIK |
|-------------------|---------|-----------------------|---------|------------------------|--|-----------------|--------------------------|
| Number            | Date    | From                  | To      |                        |  |                 |                          |
| 951               | 1/2/02  | 4/1/02                | 6/30/02 | AETNA Insurance        | Disability Premium                       | \$ 250.00       | \$ 250.00                |
| 952               | 1/202   | 4/1/02                | 6/30/02 | Mutual of Omaha        | Workers Compensation                     | \$ 250.00       | \$ 250.00                |
| 998               | 3/30/02 | 4/1/02                | 4/30/02 | Blue Cross/Blue Shield | Health Insurance                         | \$ 225.00       | \$ 225.00                |
| 1501              | 7/1/02  | 4/1/02                | 6/30/02 | State Bank of Albany   | Employers' F.I.C.A Expense for Gross     | \$ 25, 000.00   | \$ 7,050.00              |
| 1502              | 7/2/02  | 4/1/02                | 6/30/02 | The Hartford Group     | Employers' N.Y.S. Unemployment Insurance | \$ 975.00       | \$ 975.00                |
| <b>TOTALS: \$</b> |         |                       |         |                        |  | 26,700.00       | 8,750.00                 |

Note: The Amount Chargeable To IIK could be less than 100% of the cost, if the employee (s) divide time between IIK and non-IIK funded programs.