

**SUMMARY OF ADMINISTRATIVE EXPENSES**

1. Name of sponsor \_\_\_\_\_

2. Month and year \_\_\_\_\_

3. Position (a)	# of People in that position (b)	Salary per hour (c)	# of hours spent on SFSP administration (d)	Total (e)
_____	_____ x	\$ _____ x	_____ =	\$ _____
_____	_____ x	\$ _____ x	_____ =	\$ _____
_____	_____ x	\$ _____ x	_____ =	\$ _____
_____	_____ x	\$ _____ x	_____ =	\$ _____
_____	_____ x	\$ _____ x	_____ =	\$ _____

(f) Total salaries paid \$ \_\_\_\_\_

4. Salaries (line 3f) \$ \_\_\_\_\_

5. Transportation \$ \_\_\_\_\_

6. Communication \$ \_\_\_\_\_

7. Rental of office space \$ \_\_\_\_\_

8. Office supplies \$ \_\_\_\_\_

9. Utilities \$ \_\_\_\_\_

10. Use allowance of  
furniture and fixtures \$ \_\_\_\_\_

11. Audit fees \$ \_\_\_\_\_

12. Legal fees \$ \_\_\_\_\_

13. Office building  
maintenance \$ \_\_\_\_\_

14. Other (specify) \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

15. TOTAL \$ \_\_\_\_\_