



COUNTY VETERANS SERVICE OFFICER QUARTERLY REPORT OF EXPENDITURES

TO: Oregon Department of Veterans' Affairs Veterans' Services Division 700 Summer St NE, Suite 150 Salem OR 97301-1289	FROM: <i>(Name of County)</i>				
Fiscal Year:	Mailing Address <i>(for Remittance)</i>:				
Indicate (X) which fiscal quarters this report covers: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">1st Quarter <i>(July thru September)</i> *</td> <td style="width: 50%;">2nd Quarter <i>(October thru December)</i> *</td> </tr> <tr> <td>3rd Quarter <i>(January thru March)</i> *</td> <td>4th Quarter <i>(April thru June)</i> *</td> </tr> </table>		1st Quarter <i>(July thru September)</i> *	2nd Quarter <i>(October thru December)</i> *	3rd Quarter <i>(January thru March)</i> *	4th Quarter <i>(April thru June)</i> *
1st Quarter <i>(July thru September)</i> *	2nd Quarter <i>(October thru December)</i> *				
3rd Quarter <i>(January thru March)</i> *	4th Quarter <i>(April thru June)</i> *				

ANNUAL BUDGETED EXPENDITURES	
	TOTAL \$

YEAR-TO-DATE EXPENDITURES	
	TOTAL \$
	EXPANSION AND ENHANCEMENT \$

ADDITIONAL INSTRUCTIONS:	
<ol style="list-style-type: none"> 1. Completed reports must be received by ODVA by the last working day of the quarter. * 2. Attach a printed copy of the Year-to-Date, Budget-to-Actual Report for the quarter 	
CERTIFICATION AND SIGNATURE:	
<ul style="list-style-type: none"> • I hereby certify that I have knowledge of the above expenditures. • The allowable refund is a valid, true, and correct claim. • This claim is due from the State of Oregon and no part of this claim has yet been paid. 	
Authorized Signature	Date Signed
Title of Signer	

FOR ODVA USE ONLY					
		PAID		VOU	DATE
\$	maximum	PCA	22200	AOBJ	6300
\$		Approved By			DATE SIGNED
				COMM	915-73