

**STATE OF NEW YORK
GOVERNOR'S TRAFFIC SAFETY COMMITTEE
STOP-DWI
REPORT OF EXPENDITURES FOR QUARTER 1, 20__
(JANUARY 1, - MARCH 31, 20__)**

_____ COUNTY

QUARTER 1 (JAN-MAR) EXPENDITURES

TOTAL STOP-DWI EXPENDITURES FOR QUARTER 1: \$ _____

I certify that I am authorized to sign on behalf of _____ County STOP-DWI program. I further certify that the figures presented herein are a true and complete accounting of all moneys expended, as described in Section 1197.4(1)(b) of the Vehicle and Traffic Law. I affirm under penalty of Law, that I have read this form and know the contents, and that all answers and statements are true.

SIGNED: _____ **DATE:** _____
STOP-DWI COORDINATOR

SIGNED: _____ **DATE:** _____
COUNTY FISCAL OFFICER

PLEASE RETURN COMPLETED AND SIGNED FORM BY **July 31, 20__** TO:

New York State Governor's Traffic Safety Committee
STOP-DWI Program
6 Empire State Plaza - Room 410
Albany, New York 12228

**STATE OF NEW YORK
GOVERNOR'S TRAFFIC SAFETY COMMITTEE
STOP-DWI
REPORT OF EXPENDITURES FOR QUARTER 3, 20__
(JULY 1, - SEPTEMBER 30, 20__)**

COUNTY

QUARTER 3 (JUL-SEPT) EXPENDITURES

TOTAL STOP-DWI EXPENDITURES FOR QUARTER 3: \$ _____

I certify that I am authorized to sign on behalf of _____ County STOP-DWI program. I further certify that the figures presented herein are a true and complete accounting of all moneys expended, as described in Section 1197.4(1)(b) of the Vehicle and Traffic Law. I affirm under penalty of Law, that I have read this form and know the contents, and that all answers and statements are true.

SIGNED: _____ **DATE:** _____
STOP-DWI COORDINATOR

SIGNED: _____ **DATE:** _____
COUNTY FISCAL OFFICER

PLEASE RETURN COMPLETED AND SIGNED FORM BY **January 31, 20__** TO:

New York State Governor's Traffic Safety Committee
STOP-DWI Program
6 Empire State Plaza - Room 410
Albany, New York 12228

**STATE OF NEW YORK - GOVERNOR'S TRAFFIC SAFETY COMMITTEE
STOP-DWI REPORT OF INCOME AND EXPENDITURES
QUARTER 4 (OCT. - DEC. 20__) AND ANNUAL REPORT - (JAN. - DEC., 20__)**

COUNTY

<u>INCOME</u>		REPORTED MIDYEAR Q1-Q2 (JAN-JUN)	Q3-Q4 (JUL-DEC)	ANNUAL Q1-Q4 (JAN-DEC)
A	CITY, COUNTY AND DISTRICT COURT FINES RECEIVED: (NET AMOUNT)			\$
B	JUSTICE COURT FUND CHECK RECEIVED (NET AMOUNT)			\$
C	OTHER INCOME (*SPECIFY SOURCE BELOW):			\$
D	TOTAL INCOME RECEIVED DURING THIS PERIOD (LINES A+B+C):			\$

* SOURCE OF OTHER INCOME: (NOTE: FUNDS ACCUMULATED IN STOP-DWI ACCOUNT FROM PRIOR YEARS SHOULD NOT BE INCLUDED AS "OTHER INCOME")

QUARTER 4 (OCT-DEC) EXPENDITURES

TOTAL STOP-DWI EXPENDITURES FOR QUARTER 4: \$ _____

ACTUAL FULL YEAR EXPENDITURES BY PROGRAM COMPONENT

ENFORCEMENT	\$
COURT RELATED	\$
PROBATION	\$
REHABILITATION	\$
P.I. & E.	\$
PROGRAM ADMINISTRATION	\$
TOTAL (MUST AGREE WITH TOTAL EXPENDITURES ABOVE)	\$

***ROLLOVER - ACCOUNT BALANCE ON DEC. 31 20__** \$ _____

I certify that I am authorized to sign on behalf of _____ County STOP-DWI program. I further certify that the figures presented herein are a true and complete accounting of all moneys expended, as described in Section 1197.4(1)(b) of the Vehicle and Traffic Law. I affirm under penalty of Law, that I have read this form and know the contents, and that all answers and statements are true.

SIGNED: _____ **DATE:** _____
STOP-DWI COORDINATOR

SIGNED: _____ **DATE:** _____
COUNTY FISCAL OFFICER

PLEASE RETURN COMPLETED AND SIGNED FORM BY **May 15, 20__** TO:

New York State Governor's Traffic Safety Committee
STOP-DWI Program
6 Empire State Plaza - Room 410
Albany, New York 12228

OPTIONAL GTSC: STOP-DWI INCOME WORKBOOK

START OF YEAR ROLLOVER - ACCOUNT BALANCE ON JANUARY 1st \$

QUARTER 1 (JAN-MAR)

QUARTER 2 (APR-JUN)

A. CITY, COUNTY AND DISTRICT COURT FINES RECEIVED:
(TOTAL THE AMOUNT)
B. JUSTICE COURT FUND CHECK RECEIVED (NET AMOUNT)
C. OTHER INCOME
D. TOTAL INCOME RECEIVED DURING THIS QUARTER
(LINES A+B+C):

Date Check Received	Period Check Covered	Check(s) Amount
		\$ <input style="width: 50px;" type="text"/>

Date Check Received	Period Check Covered	Check(s) Amount
		\$ <input style="width: 50px;" type="text"/>

MIDYEAR (Q1-Q2: JAN-JUN) INCOME TOTAL \$

SOURCES OF OTHER INCOME

QUARTER 3 (JUL-SEPT)

QUARTER 4 (OCT-DEC)

A. CITY, COUNTY AND DISTRICT COURT FINES RECEIVED:
(TOTAL THE AMOUNT)
B. JUSTICE COURT FUND CHECK RECEIVED (NET AMOUNT)
C. OTHER INCOME
D. TOTAL INCOME RECEIVED DURING THIS QUARTER
(LINES A+B+C):

Date Check Received	Period Check Covered	Check(s) Amount
		\$ <input style="width: 50px;" type="text"/>

Date Check Received	Period Check Covered	Check(s) Amount
		\$ <input style="width: 50px;" type="text"/>

Q3-Q4 (JUL-DEC) INCOME TOTAL \$

SOURCES OF OTHER INCOME

YEAR END/ANNUAL (Q1-Q4: JAN-DEC) INCOME TOTAL \$

YEAR END/ANNUAL (Q1-Q4: JAN-DEC) EXPENDITURE TOTAL \$ *

NET LOSS/NET GAIN \$

END OF YEAR ROLLOVER - ACCOUNT BALANCE ON DECEMBER 31st \$