

**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 ELECTRONICALLY SUBMIT THE COMPLETED FORM BY **January 31, 20__** :

OR VIA EMAIL:
stop.dwi.program@dmv.ny.gov