

School Name: _____
 BEDS Code: _____

FINAL EXPENDITURE SUMMARY

7/1/13 – 6/30/14

Expense Category: _____ **Amount:** _____
 Teacher Tuition or Test Expenses \$ _____

CHIEF ADMINISTRATOR’S CERTIFICATION

I hereby certify that all expenditures reported herein are directly attributable to this project and have been made in accordance with all applicable Federal and State laws and regulations, that these monies were disbursed as supplemental compensation to teachers and that these monies were not used to supplant teacher compensation received from other revenue sources.

_____ **Date** _____ **Signature**

_____ **Name and Title of Chief Administrative Officer**

Phone #: _____ Fax #: _____ E-Mail Address: _____

Note: You must complete and return this document with the Chief Administrator’s original signature by August 1, 2014 to the attention of Amanda Kaczmarek at the New York State Education Department, Rate Setting Unit, Room 302 EB, 89 Washington Avenue, Albany, NY 12234. Replications will not be accepted.

| RSU APPROVAL: | FOR SED USE ONLY | | |
|----------------------|-------------------------|-------------------------|-----------------------|
| Approved By: | <u>Fiscal Year:</u> | <u>Amount Expended:</u> | <u>Final Payment:</u> |
| | <u>Voucher Number:</u> | | <u>First Payment:</u> |
| | <u>Log</u> | <u>Approved</u> | <u>MIR</u> |
| Name: | | | |
| Date: | | | |

School Name: _____

BEDS Code: _____

FINAL EXPENDITURE SUMMARY

Teacher Summary

| Teacher Name | Social Security Number | Grant Related Expenditure | Is This Teacher Now Appropriately Certified? Y/N | If not what do they need? |
|--------------|------------------------|---------------------------|--|---------------------------|
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