

Provider Information

Funding Source: **Private School Teacher Certification Funds**

FINAL EXPENDITURE REPORT

School Year: 2015-16 [7/1/15 - 6/30/16]

Agency Name:

Federal ID Number:

School Code:

Mailing Address:

Name of Preparer

Phone # of Preparer

County:

Email address:

Instructions

1. Submit one signed original report and one copy directly to: Rate Setting Unit, New York State Education Department, Room 302 EB, Albany, NY 12234.
2. Category subtotals must be reported in whole dollar amounts.
3. To be in compliance with applicable audit requirements, complete and accurate records must be maintained at the local level.
4. Certification on last page must be signed by Chief Administrative Officer or designee.
5. High-quality computer-generated reproductions of this form may be used.
6. For specific Consolidated Fiscal Reporting (CFR) questions, please contact your assigned RSU accountant.

TUITION FOR PROFESSIONAL STAFF:

Include all tuition for professional staff approved for reimbursement in budget.

Teacher Name	Course Name	Certification Discipline	Fee Per Credit Hr.	# Of Credit Hrs	Total Expenses
Subtotal					

TEST PREPARATION EXPENSES:

Include all course expenses for teachers approved for test preparation in budget.

Teacher Name	Course Name	Certification Discipline	Course Work Fee Per Hour	# Of Credit Hrs	Total Expenses
Subtotal					

TEST FEES PAID:

Teacher Name	Course Name	Certification Discipline	Test Required	Total Expenses
Subtotal				
Grand Total				\$0.00

Certification

I hereby certify that these funds were expended per the categories above and for the purposes as described in the November 2006 James P. DeLorenzo Teacher Certification Funds memo.

Chief Administrative Officer or designee

Signature: _____

Dated: _____

Printed Name: _____

Title: _____