

School Name: _____
BEDS Code: _____
Fed ID Number: _____

FINAL EXPENDITURE SUMMARY

7/1/17 – 6/30/18

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, 2018 to the attention of Lori Peng 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</u> <u>Year:</u>	<u>Amount</u> <u>Expended:</u>	<u>Final</u> <u>Payment:</u>
Name:	<u>Voucher Number:</u>		<u>First Payment:</u>
Date:	<u>Log</u>	<u>Approved</u>	<u>MIR</u>

School Name: _____
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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?