The University of the State of New York

THE STATE EDUCATION DEPARTMENT

STAC & Medicaid Unit Albany, New York 12234

Provider Information					
Funding Source:	Private School Teacher Certification Funds FINAL EXPENDITURE REPORT				
School Year:	2018-19 [7/1/18 - 6/30/19]				
Agency Name: Federal ID Number:					
School Code:					
Mailing Address:					
Name of Preparer	<u> </u>				
Phone # of Preparer	County:				
Email address:					

Instructions

- Submit one signed original report and one copy directly to: STAC & Medicaid Unit, New York State Education Department, Room 504 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.

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

TEST PREPARATION EXPENSES:

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

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

TEST FEES PAID:

Tasakan Nama	Carries Name	Certification	T D i i	Total Famous
Teacher Name	Course Name	Discipline	Test Required	Total Expenses
			Subtotal	
			Grand Total	\$0.00
Certification I hereby certifiy that these ful in the November 2006 James				bed
Chief Administrative Officer of	or designee			
	Signature:		Dated:	-
Р	rinted Name:		-	
	Title			