

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 _____

Phone # of Preparer _____ County: _____

Email address: _____

Instructions

1. 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.

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: _____