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 |   |  |  |  |
|                     | BUDGET EXPENDITURE REPORT                  | 1 |  |  |  |
| School Year:        | 2020-2021 [7/1/2020 - 6/30/2021]           |   |  |  |  |
| Agency Name:        |  |   |  |  |  |
| Federal ID Number:  |  |   |  |  |  |
| School Code:        |  |   |  |  |  |
| Mailing Address:    |  |   |  |  |  |
|                     |  |   |  |  |  |
|                     |  |   |  |  |  |
| Name of Preparer    |  |   |  |  |  |
| Phone # of Preparer | County:                                    |   |  |  |  |
| Email address:      |  |   |  |  |  |
|                     |  |   |  |  |  |
|                     |  |   |  |  |  |
| Instructions        |  |   |  |  |  |

### structions

- 1. Submit one signed original report and one copy attention Sheila Costa to: STAC & Medicaid Unit, New York State Education Department, Room 514 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  |                   |                |
|--------------|-------------|---------------|--------------|-------------------|----------------|
| Teacher Name | Course Name | Discipline    | Fee Per Hour | <b>Credit Hrs</b> | Total Expenses |
|              |             |               |              |                   |                |
|              |             |               |              |                   |                |
|              |             |               |              |                   |                |
|              |             |               |              |                   |                |
|              |             |               |              |                   |                |
|              |             |               |              |                   |                |
|              |             |               |              |                   |                |
|              |             |               |              |                   |                |
|              |             |               |              |                   |                |
|              |             |               |              |                   |                |
|              |             |               |              |                   |                |
|              |             |               |              |                   |                |
|              |             |               |              |                   |                |
|              |             |               |              |                   |                |
|              |             |               |              |                   |                |
|              |             |               |              |                   |                |
|              | •           |               |              |                   |                |
|              |             |               | Subtotal     |                   |                |

# **TEST FEES PAID:**

| Teacher Name   | Course Name  | Certification Discipline | Test Required | Total Expenses |  |
|--|--------------|--------------------------|---------------|----------------|--|
|  |              |                          |               | •              |  |
|  |              |                          |               |                |  |
|  |              |                          |               |                |  |
|  |              |                          |               |                |  |
|  |              |                          |               |                |  |
|  |              |                          |               |                |  |
|  |              |                          |               |                |  |
|  |              |                          |               |                |  |
|  |              |                          | Subtotal      |                |  |
|  |              |                          | Grand Total   |                |  |
| <u>Certification</u> I hereby certifiy that these funds were expended per the catagories 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:        |                |  |
| Pı   | rinted Name: |                          |               |                |  |
|  | Title:       |                          |               |                |  |