

**Provider Information**

Funding Source: Private School Teacher Certification Funds

**BUDGET EXPENDITURE REPORT**

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**

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.

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:**

