The University of the State of New York

## THE STATE EDUCATION DEPARTMENT

STAC/Medicaid Unit, Room 25 EB Albany, New York 12234

Provider Information					
Funding Source:	Private School Teacher Certification Funds				
	BUDGET EXPENDITURE REPORT				
School Year:	2023-2024 [7/1/2023 - 6/30/2024]				
Agency Name:					
Federal ID Number:					
School Code:					
Mailing Address:					
Report Preparer:	County:				
Phone # of Preparer	()				
Email address:					
	Instructions				
	d original report and one copy directly to: Shaakima Smith, STAC & Medicaid Unit, NYS Education in 25 EB, Albany, NY 12234.				
Category subtotals and grand total 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 TEACHING STAFF:**

Include all tuition for teaching staff approved for reimbursement in budget. List miscellaneous expenses (i.e. books, fees) separately.

	Course			Certification	Fee Per	# Of	
Teacher's Name	Name	Code	Institution	Discipline	Credit Hr.	Credit Hrs	Total Expenses
Subtotal							
Subiotal							

## **TEST PREPARATION EXPENSES:**

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

Teacher's Name	Course Name/Institution	Certification Discipline	Course Work		Total Expenses
Todollor o Hallio	Course Name Indian	Disciplino	10010111001	Orount Tire	Total Exponess
Subtotal					

## **TEST FEES PAID:**

Teacher's Name	Course Nam	e	Discipline	Test Required	Total Expenses
	00.000		= 1001		
			•	Subtotal	
				Grand Total	
Certification I hereby certifiy that these fu and for the purposes as desc	nds will be expended by our agency duri cribed in the November 2006 James P. L	ing the 2023-2024 school yea DeLorenzo Teacher Certificat	ar per the categories abo ion Funds memo.	ove	
Chief Administrative Officer	or designee				
	Signature:			Dated:	-
	Printed Name:				
	Title:				