

REGION, COUNTY, DISTRICT, TYPE CODE	
DISTRICT NAME AND NUMBER	
CONTACT PERSON	TELEPHONE (Include Area Code)

ILLINOIS STATE BOARD OF EDUCATION
 Division of Funding and Disbursement Service
 100 North First Street, E-320
 Springfield, Illinois 62777-0001

DUE DATE November 1

ORPHANAGE TUITION 18-3
SUMMER 20____
SUMMER TERM COST REPORT

Note: Use whole dollars only.
Omit Dollar Signs, Commas, and Decimal Places, e.g., 2536.

LINE	FUNCTION NUMBER (1)	EXPENDITURE ACCOUNT (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY** (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT** (9)	TOTAL (11)
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
1	1000	Instruction								
2	2110	Attendance & Social Work Services								
3	2120	Guidance Services								
4	2130	Health Services								
5	2140	Psychological Services								
6	2150	Speech Pathology & Audiology Services								
7	2210	Improvement of Instruction Services								
8	2220	Educational Media Services								
9	2230	Assessment & Testing								
10	2300	General Administration								
11	2400	School Administration								
12	2510	Direction of Business Support Services*								
13	2520	Fiscal Services*								
14	2530	Facilities Acquisition and Construction**								
15	2540	Operation & Maintenance of Plant Services								
16	2550	Pupil Transportation Services								
17	2560	Food Services								
18	2570	Internal Services*								
19	2610	Direction of Central Support Services								
20	2620	Planning, Research, Development & Evaluation Services								
21	2630	Information Services								
22	2640	Staff Services*								
23	2660	Data Processing Services*								
24	2900	Other Support Services								
25	3000	Community Services								
26	4000	Payments to Other Districts or Government Units								
27	5000	Debt Services								
28	Total Direct Costs									
29	Approved Indirect Costs x _____%									
30	TOTAL BUDGET									

ISBE 54-37AS (5/11) If expenditures are shown, the indirect costs rate cannot be used. ** Not applicable to all grants, and in no instances can Capital Outlay and Non-Capitalized Equipment or Facilities Acquisition & Construction Services be included in the indirect costs application

ORPHANAGE TUITION SUMMER 20____
EXPENDITURE BREAKDOWN

DUE DATE
November 1

Itemize and explain each expenditure amount, including employee benefits. Include descriptions of the anticipated expenditures, correlated to the line items set forth on the Budget Summary. Use additional pages as needed.

FUNCTION NUMBER (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TUITION (10)	TOTAL (11)