

- Initial Budget                       Amendment (No. \_\_\_\_\_)  
 Revised Initial Budget             Multidistrict Application

**ILLINOIS STATE BOARD OF EDUCATION**  
 English Language Learning Division  
 100 West Randolph, Suite 14-300  
 Chicago, IL 60601

**FY 2010 REGULAR YEAR - PART V  
 MIGRANT EDUCATION PROGRAM**  
**Budget Summary and Payment Schedule**

*Use whole dollars only. OMIT DECIMAL PLACES, e.g., 2536*

FISCAL YEAR <b>10</b>	SOURCE OF FUNDS CODE <b>4340-00</b>	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE / /
DISTRICT NAME AND NUMBER			
CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

<b>ISBE USE ONLY</b>	PROGRAM APPROVAL DATE AND INITIALS	
	TOTAL FUNDS	
	CARRYOVER FUNDS	
	CURRENT FUNDS	
	BEGIN DATE	END DATE

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	PAYMENT SCHEDULE
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)		
1	1000	Instruction									July-August
2	2110	Attendance & Social Work Services									September
3	2120	Guidance Services									
4	2130	Health Services									October
7	2210	Improvement of Instruction Services									November
8	2220	Educational Media Services									
9	2230	Assessment & Testing									December
10	2300	General Administration									
13	2520	Fiscal Services									January
15	2540	Operation & Maint. of Plant Serv.									February
16	2550	Pupil Transportation Services									
17	2560	Food Services									March
22	2640	Staff Services*									
23	2660	Data Processing Services*									April
24	2900	Other Support Services									
25	3000	Community Services									May
26	4000	Payments to Other Districts & Gov't. Units									
28	Total Direct Costs										June
29	Approved Indirect Costs x _____% ***										
30	TOTAL BUDGET										July-August

\* If expenditures are shown, the indirect costs rate cannot be used.

\*\* Not applicable to all grants, and in no instances can Capital Outlay or Facilities Acquisition & Construction Services

\_\_\_\_\_ Date                      *Original* Signature of Superintendent or Administrator

\_\_\_\_\_ Date                      *Original* Signature of Division Administrator  
English Language Learning

**TOTAL**  
\$ \_\_\_\_\_

**FY 2010 REGULAR YEAR - PART V MIGRANT EDUCATION PROGRAM AMENDMENT BUDGET SUMMARY BREAKDOWN**

Provide an itemized breakdown of the line item expenditure accounts listed on the Budget Summary. Identify on this side only expenditure accounts to be amended. (Duplicate additional pages as necessary). Amounts shown on this budget amendment will supersede all previously approved budgets.

FUNCTION NUMBER (1)	OBJECT NUMBER (2)	ITEMIZATION (3)	CURRENTLY APPROVED AMOUNT (4)	REQUESTED CHANGE (+ OR -) (5)	REVISED AMOUNT (6)	RATIONALE FOR REQUESTED CHANGE (7)
			<b>NET CHANGE (+ or -)</b>			