

SCHOOL DISTRICT NAME AND NUMBER	
REGION, COUNTY, DISTRICT, TYPE CODE	
ADDRESS (Street, City, State, Zip Code)	
AUTHORIZED OFFICIAL	
TELEPHONE	FAX
E-MAIL	

ILLINOIS STATE BOARD OF EDUCATION
 Curriculum and Instruction Division
 100 North First Street, C-215
 Springfield, IL 62777-0001
 217-557-7323

FY 2009

**EXPENDITURE REPORT FOR SCHOOL
 TECHNOLOGY REVOLVING LOANS**

ISBE USE ONLY	LOAN AMOUNT
	EXPENDITURE AMOUNT
	EXPENDITURE REVIEW DATE
	APPROVERS INITIALS

Loan Number: TRL _____

DIRECTIONS: Mail original signed copy to the Illinois State Board of Education at the address above. **Money must be obligated within six months of the receipt of the loan.** Report is due no later than nine months following receipt of the loan.

TOTAL EXPENDITURE/OBLIGATION					
FUNCTION NUMBER	EXPENDITURE ACCOUNTING	PURCHASED SERVICES	SUPPLIES AND MATERIALS	CAPITAL OUTLAY	TOTALS
		(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	
1000	Instruction				
2210	Improvement of Instruction				
2220	Educational Media Services				
2530	Facilities Acquisition and Construction				
	APPROVED EXPENDITURE/ OBLIGATION TOTALS				

ISBE USE ONLY

Date

Original Signature of Superintendent or Authorized Official

Date

Original Signature of ISBE Division Administrator
for Curriculum and Instruction