

Initial Budget

Amendment No. \_\_\_\_\_

**ILLINOIS STATE BOARD OF EDUCATION**

Funding and Disbursements Division

100 North First Street, E-320

Springfield, Illinois 62777-0001

**DUE DATE  
November 1**

FISCAL YEAR	SOURCE OF FUNDS CODE	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
	<b>3950-SS</b>		
DISTRICT NAME AND NUMBER			
CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

**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									

Date: \_\_\_\_\_ **Original** Signature of District Superintendent: \_\_\_\_\_

**DUE DATE**  
**November 1**

**ORPHANAGE TUITION SUMMER 20\_\_\_\_\_**  
**EXPENDITURE BREAKDOWN**

Page \_\_\_\_\_ of \_\_\_\_\_

Use additional pages as needed.

**Directions:** 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.

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)	TOTAL (11)