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

## ORPHANAGE TUITION 18-3 REGULAR TERM OFF-SITE PROGRAM 20\_\_\_\_- 20\_\_\_ TOTAL PROGRAM 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) (Obj. 100s)	EMPLOYEE BENEFITS (4) (Obj. 200s)	PURCHASED SERVICES (5) (Obj. 300s)	SUPPLIES AND MATERIALS (6) (Obj. 400s)	CAPITAL OUTLAY** (7) (Obj. 500s)	OTHER OBJECTS (8) (Obj. 600s)	NON- CAPITALIZED EQUIPMENT** (9) (Obj. 700s)	TOTAL (11)
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 In	direct Costs x%								
30	TOTAL BUD	OGET								