

Initial Budget

 Amendment No. _____

ILLINOIS STATE BOARD OF EDUCATION

Funding and Disbursements Department

 100 North First Street, E-320
 Springfield, Illinois 62777-0001

DUE DATE
May 1

FISCAL YEAR	SOURCE OF FUNDS CODE 3520	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
APPLICANT NAME (District Name and Number, if applicable)			ROE/ISC
CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
EMAIL ADDRESS		FAX NUMBER (Include Area Code)	

BUS DRIVER TRAINING
FISCAL YEAR 20____ REFLECTING PRIOR YEAR EXPENDITURES
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	3700	Nonpublic School Pupil Services								
27	4000	Payments to Other Districts or Government Units								
28	5000	Debt Services								
29	Total Direct Costs									
30	INDIRECT COSTS (Direct Cost X _____ %)									
31	TOTAL BUDGET									

 Date: _____ **Original** Signature of ROE/ISC Administrator: _____

DUE DATE
May 1

BUS DRIVER TRAINING FISCAL YEAR 20____ REFLECTING PRIOR YEAR EXPENDITURES
EXPENDITURE BREAKDOWN

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)