

Please check one box only:

- September 30, 2016 December 31, 2016
 March 31, 2017 June 30, 2017 Final

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

ILLINOIS STATE BOARD OF EDUCATION
 Operations and Partnerships Division
 100 North First Street, C-215
 Springfield, Illinois 62777-0001

FY 2017
EXPENDITURE REPORT FOR
SCHOOL TECHNOLOGY REVOLVING LOAN PROGRAM

Use whole dollars only.
Omit dollar signs, decimal places, and commas,
e.g., 2536

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

DIRECTIONS: Mail original signed copy to 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 ACCOUNT	PURCHASED SERVICES	SUPPLIES AND MATERIALS	CAPITAL OUTLAY	TOTALS
		(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	
1000	Instruction				
2210	Improvement of Instruction Services				
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,
Operations and Partnerships Division