Use your "Mouse" or "Tab" key to move through the fields, and the mouse to mark check boxes. After completing last field, save document to hard drive to make future updates or click print button.

EXPENDITURE WORKSHEET

Program:_____

FY	JOINT AGREEMENT ADMINISTRATOR NAME	MEMBER DISTRICT NAME		
EXPENDITURE REPORT SUBMISSION DATE	CUMULATIVE EXPENDITURES THROUGH DATE	MEMBER CONTACT PERSON	MEMBER TELEPHONE NUMBER	MEMBER FAX NUMBER

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-CAP. EQUIPMENT** (9) (Obj. 700s)	TOTAL (11)
1	1000	Instruction								0
2	2110	Attendance & Social Work Services								0
3	2120	Guidance Services								0
4	2130	Health Services								0
5	2140	Psychological Services								0
6	2150	Speech Pathology & Audiology Services								0
7	2210	Improvement of Instruction Services								0
8	2220	Educational Media Services								0
9	2230	Assessment & Testing								0
10	2300	General Administration								0
11	2400	School Administration								0
12	2510	Direction of Business Support Services*								0
13	2520	Fiscal Services*								0
14	2530	Facilities Acquisition and Construction**								0
15	2540	Operation & Maintenance of Plant Services								0
16	2550	Pupil Transportation Services								0
17	2560	Food Services								0
18	2570	Internal Services*								0
19	2610	Direction of Central Support Services								0
20	2620	Planning, Research, Development & Evaluation Services								0
21	2630	Information Services								0
22	2640	Staff Services*								0
23	2660	Data Processing Services*								0
24	2900	Other Support Services								0
25	3000	Community Services								0
26	3700	Nonpublic School Pupil Services								0
27	4000	Payments to Other Districts or Government Units								0
28	5000	Debt Services								0
29	Total Direct Costs		0	0	0	0	0	0	0	0
30	Approved Indirect Costs x _____%									
31	TOTAL EXPENDITURES									0
34	OUTSTANDING OBLIGATIONS		$							

RETURN TO COOPERATIVE ADMINISTRATOR WHEN COMPLETED AND SIGNED.

* If expenditures are shown, the indirect cost rate cannot be used.

** In no instances can Capital Outlay, Non-Capitalized Equipment, or Facilities Acquisition and Construction Services be included in the indirect cost application.

*** Pre-payments are disbursements made in the prior year project applied to the current year project Line 31 includes pre-payments.

We the undersigned, hereby certify that the foregoing statements are true to the best of our knowledge and belief.

_____
Signature of District Superintendent
OR Agency Administrator

_____
Date

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