



## Educational Service District PROJECT EXPENDITURE REPORT

(State and Federal)

CFDA \_\_\_\_\_ Program No. \_\_\_\_\_  
 Fiscal Year \_\_\_\_\_ Subprogram No. \_\_\_\_\_ Revenue Acct. \_\_\_\_\_

ESD	CO	DIST	GRANT NUMBER
<input type="checkbox"/> Check if final report and project completed.		EXPENDITURE PERIOD	
		Beginning	Ending

DISTRICT NAME	PROJECT TYPE/NAME	CONTACT PERSON	TELEPHONE NUMBER
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OBJECT OF EXPENDITURE										
ACTIVITY	TOTAL	DEBIT TRANSFER 0	CREDIT TRANSFER 1	SALARIES CERTIFICATED 2	SALARIES CLASSIFIED 3	BENEFITS AND PAYROLL TAXES 4	SUPPL INSTRUCT RESOURCES AND NONCAPITAL 5	PURCHASED SERVICES 7	TRAVEL 8	CAPITAL OUTLAY 9
21 Staff Development			XXXX							
27 Direct Instruction			XXXX							
51 Supervision and Coordination			XXXX							
60 Facilities			XXXX							
83 Debt Service-Interest			XXXX	XXXX	XXXX	XXXX	XXXX		XXXX	XXXX
98 General Support			XXXX							
99 Transfers				XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
Direct Expenditures to Date Subtotal										
Indirect Expenditures to Date										
Total Expenditures to Date										
LESS: Cash Received to Date										
CASH BALANCE/<DEFICIT>										

I, the undersigned, hereby certify that the amount listed for materials furnished, services rendered, expenditures incurred, or items of indebtedness as charged is true and correct; that the claim is just and due; and that I am authorized to sign for the payee.

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_