

School Name: _____
 BEDS Code: _____
 Fed ID Number: _____

FINAL EXPENDITURE SUMMARY

7/1/18 – 6/30/19

Expense Category: _____ **Amount:** _____
 Teacher Tuition or Test Expenses \$ _____

CHIEF ADMINISTRATOR’S CERTIFICATION

I hereby certify that all expenditures reported herein are directly attributable to this project and have been made in accordance with all applicable Federal and State laws and regulations, that these monies were disbursed as supplemental compensation to teachers and that these monies were not used to supplant teacher compensation received from other revenue sources.

_____ **Date** _____ **Signature**

Name and Title of Chief Administrative Officer

Phone #: _____ Fax #: _____ E-Mail Address: _____

Note: You must complete and return this document with the Chief Administrator’s original signature by August 1, 2019 to the attention of Sheila Costa at the New York State Education Department, STAC & Medicaid Unit, Room 504 EB, 89 Washington Avenue, Albany, NY 12234. Replications will not be accepted.

APPROVAL:	FOR SED USE ONLY		
Approved By: Name: Date:	<u>Fiscal</u> <u>Year:</u>	<u>Amount</u> <u>Expended:</u>	<u>Final</u> <u>Payment:</u>
	<u>Voucher Number:</u>		<u>First Payment:</u>
	<u>Log</u>	<u>Approved</u>	<u>MIR</u>

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FINAL EXPENDITURE SUMMARY
 Teacher Summary

Teacher Name	Social Security Number	Grant Related Expenditure	Is This Teacher Now Appropriately Certified? Y/N	If not, what do they need?