

# DOE Annual Financial Upload File Layout

File to be uploaded must be in comma delimited format with a .CSV file extension

Field	Maximum Length	Explanation and Examples	Balance Sheet Required	Revenue Required	Expenditure Required	Beginning Fund Balance Required
Fiscal Year	4	Fiscal year of data submission ex. 2018	Required	Required	Required	Required
District Number	5	EX. 02001, 50003, 23002, 05201	Required	Required	Required	Required
Type	1	(B)-Balance Sheet, (R)-Revenue, (E)-Expenditure, (F)-Beginning Fund Balance	Required	Required	Required	Required
Fund	2	00, 10, 21, 22, 23, 24, 25, 26, 27, 29, 30, 31-39, 40, 41-44, 51, 52, 53, 54, 90	Required	Required	Required	Required
Account	3	101, 102, 103, 107 etc.	Required	N/A	N/A	Required
Revenue	4	1110, 1120, 1380, 2110, 3111, 4151, etc.	N/A	Required	N/A	N/A
Function	4	1111, 1112, 2219, 5000, 6100, etc.	N/A	N/A	Required	N/A
Object	3	110, 120, 210, 313, etc.	N/A	N/A	Required	N/A
Operational Unit, Cost Center, Curriculum Code or other grant tracking code	up to 4	numeric	N/A	Required	Required	N/A
Sub Account	3	numeric	Optional	N/A	N/A	N/A
Sub Object	3	numeric	N/A	N/A	Required	N/A
Facility	up to 4	numeric	N/A	Optional	Required	N/A
Amount	12	(9 w/2 decimal) no leading blanks 99999999.99	Required	Required	Required	Required

Example File Records - Cells highlighted in yellow are optional reporting areas

2018	20002	F	10	700							100000
2018	20002	F	32	001							2500.43
2018	20002	B	21	107				001			500000
2018	20002	B	30	102							1000
2018	20002	R	22		4175		1110			105	30000
2018	20002	R	10		3111		701				98000
2018	20002	E	10			1273	110	158	301	210	19000
2018	20002	E	24			1111	220	000	000	1110	11000

## CONTACT INFORMATION:

BOBBI LEIFERMAN (605) 773-5407 [Bobbi.Leiferman@state.sd.us](mailto:Bobbi.Leiferman@state.sd.us)

SUSAN WOODMANSEY (605) 773-4748 [Susan.Woodmansey@state.sd.us](mailto:Susan.Woodmansey@state.sd.us)