

Perkins Financial Status Report

LEA NAME _____ REPORTING PERIOD _____
 ADDRESS _____ FISCAL YEAR _____
 _____ BUDGET NUMBER _____

	(A) Approved Budget	(B) Previously Claimed Expenditures	(C) Currently Claimed Expenditures	(D) Total Claimed Expenditures	(E) Budget Balance
(1) Salaries					
(2) Benefits					
(3) Purchased Services					
(4) Travel					
(5) Supplies & Materials					
(6) Non-Capitalized Equipment					
(7) Capitalized Equipment					
(8) Subtotal					
(9) Indirect Costs					
(10) GRAND TOTAL					

(11)	Funds received or requested prior to this report	
(12)	Total claimed expenditures (column D)	
(13)	Funds requested this period (line 11 minus line 13)	
(14)	Total funds requested or received thru this report period (Line 11 plus line 13)	

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may be subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

 Signature of Designated School Official

 Title

 Phone Number

 Date