

**TITLE II PT B COMPETITIVE
FINANCIAL STATUS REPORT (Claim Form)**

LEA NAME _____
ADDRESS _____

REPORTING PERIOD _____
FISCAL YEAR _____
BUDGET NUMBER _____

	(A) APPROVED BUDGET	(B) PREVIOUSLY CLAIMED EXPENDITURES	(C) CURRENTLY CLAIMED EXPENDITURES & OBLIGATIONS	(D) TOTAL CLAIMED EXPENDITURES & OBLIGATIONS	(E) BUDGET BALANCE
[1] SALARIES & STIPENDS					
[2] EMPLOYEE BENEFITS					
[3] PURCHASED SERVICES					
[4] TRAVEL					
[5] SUPPLIES & MATERIALS					
[6] SUBTOTAL					
[7] INDIRECT COSTS					
[8] GRAND TOTAL					

[9] INDIRECT COST RATE: _____ (Enter restrictive rate approved by DECA)

[10] FUNDS RECEIVED OR REQUESTED PRIOR TO THIS REPORT (FROM LINE 13 PREVIOUS CLAIM) \$ _____

[11] TOTAL CLAIMED EXPENDITURES (COLUMN D) \$ _____

[12] FUNDS REQUESTED THIS PERIOD (LINE 11 MINUS LINE 10) Should equal column \$ _____

[13] TOTAL FUNDS REQUESTED OR RECEIVED THRU THIS REPORT PERIOD (LINE 10 PLUS LINE 12) \$ _____

[14] OBLIGATIONS PAID AFTER JUNE 30TH \$ _____

I DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS IN ALL THINGS TRUE AND CORRECT.

SIGNATURE OF DESIGNATED SCHOOL OFFICIAL/TITLE

PHONE NUMBER

DATE

For Office Use Only: Payment entered: _____	Date _____
--	------------