

# DOE Annual Financial Upload File Layout

as of 5/30/2024



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. 2024	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, 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	111, 120, 210, 313, etc.	N/A	N/A	Required	N/A
Op 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

2024	20002	F	10	700								100000
2024	20002	F	32	001								2500.43
2024	20002	B	21	107					001			500000
2024	20002	B	30	102								1000
2024	20002	R	22		4175			1110			105	30000
2024	20002	R	10		3111			701				98000
2024	20002	E	10			1273	110	158		301	210	19000
2024	20002	E	10			1111	220	000		000	1110	11000

## CONTACT INFORMATION:

Bobbi Leiferman (605) 773-5407 [Bobbi.Leiferman@state.sd.us](mailto:Bobbi.Leiferman@state.sd.us)  
 Krislyn Norgaard (605) 773-4748 [Krislyn.Norgaard@state.sd.us](mailto:Krislyn.Norgaard@state.sd.us)