

LEA _____

PCR - PRELIMINARY

APPROVED BUDGET/EXPENDITURE REPORT

COUNTY _____

PCR - FINAL

BUDGET NUMBER _____

FUNCTION		OBJECT	[A] 100 SALARIES	[B] 200 EMPLOYEE BENEFITS	[C] 300 PURCHASED SERVICES	[D] 400 SUPPLIES & MATERIALS	[E] 500 CAPITAL ACQUISITIONS	[F] TOTALS	[G] BALANCE
1 0 0 0	1270 [I]	PROGRAMS FOR ELIGIBLE CHILDREN	BUDGET						
			EXPOBL						
2 0 0 0	2110 [II]	ATTENDANCE & SOCIAL WORK	BUDGET						
			EXPOBL						
	2210 [III]	IMPROVEMENT OF INSTRUCTION (PROF. DEV.)	BUDGET						
			EXPOBL						
	2540 [IV]	OPERATION & MAINTENANCE OF PLANT	BUDGET						
			EXPOBL						
	2547 [V]	BUILDING RENTAL	BUDGET						
			EXPOBL						
	2550 [VI]	PUPIL TRANSPORTATION	BUDGET						
			EXPOBL						
	2621 [VII]	SERVICE AREA DIRECTION (SUPERVISION)	BUDGET						
			EXPOBL						
	2623 [VIII]	EVALUATION	BUDGET						
			EXPOBL						
	2629 [IX]	PARENT ACTIVITIES	BUDGET						
			EXPOBL						
	[X]	HOMELESS TOTALS:	BUDGET						
			EXPOBL						

INDIRECT COST RATE: _____ %	INDIRECT COSTS - - [FROM FINANCIAL STATUS REPORT]		BUDGET	
			EXPOBL	
SUMMARY OF HOMELESS FUNDS	GRAND [XI] *TOTAL	BUDGET		
		EXPOBL		

INFORMATION BELOW AS REPORTED ON YEAR END FINANCIAL STATUS REPORT [FSR] SUBMITTED WITH THE PROJECT COMPLETION REPORT [PCR]

SEA USE ONLY [XII]	FUNDS NOT BUDGETED
SEA USE ONLY [XIII]	UNUSED FUNDS

- HOMELESS FUNDS RECEIVED \$ _____
- HOMELESS WARRANTS IN PROCESS \$ _____
- TOTAL HOMELESS FUNDS RECEIVED\ LINES 1&2 \$ _____
- GRAND TOTAL EXPOBL FROM COL [F], [XI] \$ _____
- TOTAL DUE STATE = LINE 3 MINUS 4 \$ _____
- OUTSTANDING OBLIGATIONS: SUBMIT FINAL PCR \$ _____

CERTIFICATION: I declare and affirm under the penalties of perjury that this report has been examined by me and to the best of my knowledge and belief is in all things true and correct.

Signature - Authorized Representative

Date