

OFFICE OF CAREER AND TECHNICAL EDUCATION-EPSCoR GROW DAKOTA
 FINANCIAL STATUS REPORT (Reimbursement Claim Form) - DUE ON 10th OF THE MONTH

GRANTEE NAME _____
 ADDRESS _____

REPORTING PERIOD _____
 FISCAL YEAR _____
 BUDGET NUMBER _____

	(A)	(B)	(C)	(D)	(E)
	APPROVED BUDGET	PREVIOUSLY CLAIMED EXPENDITURES	CURRENTLY CLAIMED EXPENDITURES	TOTAL CLAIMED EXPENDITURES	BUDGET BALANCE
[1] SALARIES/BENEFITS					
SUPPLEMENTAL/ [2] CONTRACTUAL					
[3] TRAVEL					
INSTRUCTIONAL [4] MATERIAL					
[5] EQUIPMENT					
[6] GRAND TOTAL					

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

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

[9] FUNDS REQUESTED THIS PERIOD
 (LINE 7 MINUS LINE 8) \$ _____

[10] TOTAL FUNDS REQUESTED OR RECEIVED THRU
 THIS REPORT PERIOD [LINE 7 PLUS LINE 9] \$ _____

I DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM IS IN ALL THINGS TRUE AND CORRECT AND THAT COSTS WERE INCURRED DURING THE FISCAL YEAR (JULY 1 THOUGH JUNE 30). I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF THE CIVIL RIGHTS ACT OF 1964 AND REGULATIONS ISSUED THEREUNDER REGARDING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS.

 SIGNATURE OF DESIGNATED SCHOOL OFFICIAL/TITLE

 PHONE NUMBER

 DATE