

(ATTACHMENT A)

**State or Federal Final Report of Expenditure
Budget Expenditure Summary**

Agency: _____

Project Number: _____

Project Name: _____

Fiscal Year: _____

Check One: **Budget** **Budget Amendment** **Final Report**

OBJECT	DESCRIPTION	INSTRUCTION COST	SUPPORT SERVICES	TOTAL
100	Salaries	≤ 10% or \$10,000 ←→	≤ 10% or \$10,000	≤ 5% or \$2,000
200	Benefits			≤ 5% or \$2,000
300	Purchased Professional/Technical Services			≤ 5% or \$2,000
400	Purchased Property Services	≤ 10% or \$10,000 ←→	≤ 10% or \$10,000	≤ 5% or \$2,000
500	510 Student Transportation Services			
	580 Staff Travel			
	Other (520, 530, 540, 550, 560, 570, 590)			
	Total 500			
600	610 General Supplies (exclude 612)			
	* 612 Non-Technology Items of Higher Value	↑ ≤ 50% or \$10,000		
	620 Energy		↑ ≤ 50% or \$10,000	
	630 Food			
	640 Books and Periodicals (exclude 641)	↓ ≤ 50% or \$10,000		
	641 Textbooks			
	650 Supplies - Information Technology Related (exclude 651, 652, 653)		↓ ≤ 50% or \$10,000	
	651 Software	≤ 10% or \$10,000 ←→	≤ 10% or \$10,000	
	* 652 Technology Items of Higher Value			
	653 Web-based and Similar Programs			
Total 600			≤ 5% or \$2,000	
800	810 Dues and Fees	↑ ≤ 50%	↑ ≤ 50%	
	890 Other Miscellaneous	↓ ≤ 50%	↓ ≤ 50%	
	Other (820, 830)	↓ ≤ 50%	↓ ≤ 50%	
	Total 800			
Subtotal 100 – 600 & 800				No Change
** Approved Indirect Cost Rate: _____%				No Change
700	730 Equipment			
	Other (710, 720, 740, 790)			
	Total 700			
TOTAL				No Change

* All items of value must be itemized in the budget detail

** Indirect cost rates must be approved by the Department of Education before the subgrantee may budget for and charge those costs to the grant.

Signature of Authorized Agency Representative

Date

Department of Education Use Only	
Initial	Date Approved