

REIMBURSEMENT REQUEST from UTAH SCHOOL DISTRICTS & AGENCIES to UTAH STATE OFFICE OF EDUCATION

Agency Name: District #: 0 0

To Indicate Funding Source, CLICK on CELL Below for a Drop Down Menu

XXX: END 0

EXPENDITURE CLASSIFICATION AND STATE OBJECT CODE District Chart of Accounts Found in USOE Finance and Statistics' Annual Workshop Binder. See Your Business Administrator	* Enter Indirect Cost Rate Line K	BUDGET APPROVED BY USOE	BUDGET CHANGE (When line budget equals/exceeds 10% of Approved Budget)	EXPENSE	CARRYOVER	CARRYOVER	TOTAL EXPENSE TO DATE
				1st Period July - June FY (XX)	2nd Period July-June FY (XX)	3rd Period July-Sept FY (XX)	
A. (100) Salaries							\$ -
B. (200) Employee Benefits							\$ -
C. (300) Purchased Prof. & Tech. Svc.							\$ -
D. (400) Purchased Property Svc.							\$ -
E. (500) Other Purchased Svc.							\$ -
F. (580) Travel							\$ -
G. (600) Supplies & Materials							\$ -
							\$ -
							\$ -
							\$ -
H. TOTAL DIRECT COSTS (Lines A thru H)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
I. * Indirect Cost Rate 1st Period: Jul-Jun FY (XX)		\$ -					\$ -
J. * Indirect Cost Rate 2nd Period: Jul-Jun FY (XX)					\$ -		\$ -
K. * Indirect Cost Rate 3rd Period: Jul-Sept FY (XX)						\$ -	\$ -
L. (700) Property (includes equipment)							\$ -
M (800) Other							\$ -
N. TOTAL(s) (Lines I Thru M)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* NOTE Enter the Indirect Cost Rate for the fiscal year in which expenses incurred and apply to line I, Total Direct Costs

0

ENTER DATE OF CURRENT REPORT PERIOD	FROM:	TO:
1 Approved Budget	\$ -	
2 Total Amount Previously Reported		
3 Expenditure Amount This Report Period Only		
4 Total Expenditure To Date	\$ -	
5 Unexpended Balance of Budget	\$ -	

I certify the program has been conducted in accordance with all specifications and in compliance with federal/state laws, rules, regulations and funds have been expended in amounts reported, and documents are available for audit. All expenditures claimed in this report were incurred subsequent to the effective dates and have not been claimed in or under any other program.

Amount Approved for Payment \$ 0

Approved By: _____ Date: _____

SIGN HERE
Submitted By: Agency Program Director Date

RETURN FORM TO

0

Utah State Office of Education
250 East 500 South 0
P. O. Box 144200 0
Salt Lake City, UT 84114-4200 0

SIGN HERE
Submitted By: Agency Accounting Office Date

TYPE / PRINT
CONTACT PERSON Area Code & Ph#