

Acronym Legend

SELPA: Special Education Local Plan Area SCO: State Controller's Office
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Return completed form to:
SEDgrants@cde.ca.gov or
Special Education Division
Administrative Services Unit
California Department of Education
1430 N Street, Suite 2401
Sacramento, CA 95814-5901

Special Education State Grants: Expenditure Report

Refer to the Grant Award Notification to complete the section below and for the grant award period dates, report period, report due dates, and reimbursement requirements.

Grant Fiscal Year:			
Name of Grant Program:			
Grantee Name:			
SELPA Name:		SELPA Code:	
Program Cost Account:	Vendor Number:	Suffix:	
Standardized Account Code Structure (SACS) Resource Code:			

Report Periods

Check the appropriate boxes to indicate the report period for this report

<input type="checkbox"/>	Interim Report
<input type="checkbox"/>	Final Report
<input type="checkbox"/>	Revised Report

Final Report:

The grantee may submit a Final Expenditure Report prior to the award ending date, if funds have been fully expended. Upon receipt of the Final Expenditure Report, the California Department of Education (CDE) will issue up to 100 percent of the total grant award. If the grantee did not expend all funds received, the CDE will issue an invoice for the amount (if any) determined as excess to be returned.

Expenditures Summary

Complete the table below:

Description	Amount
A. Total Grant Award Amount	
B. Total Expenditures	
C. Cash Payments Received	
Complete below (1, 2, and 3) on Final Expenditure Report Only:	
1. Reimbursement Claimed (B minus C)	
2. Unused Balance (A minus B)	
3. Amount to return if C is greater than B (C minus B)	

Certification

By signing this report, I certify that the expenditures reported have been made and are accurate, this program has been conducted in accordance with applicable laws and regulations, and full records of receipts and expenditures have been maintained and are available for a period of five years after submission of a final expenditure report.

Name and Title of Authorized Agent	Name and Title of Contact Person	Email and Phone Number of Contact Person

Signature of Authorized Agent

Signed By:	Date Signed: <input style="width: 80%;" type="text"/>
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For CDE Use Only

Approved By	<input style="width: 150px;" type="text"/>	Date Approved	<input style="width: 150px;" type="text"/>	Voucher Number	<input style="width: 150px;" type="text"/>
Payment Identifier	<input style="width: 150px;" type="text"/>	Interim Payment	<input style="width: 150px;" type="text"/>	Final Payment	<input style="width: 150px;" type="text"/>
Comments	<input style="width: 900px; height: 30px;" type="text"/>				