Alabama State Department of Education
Office of Financial Management
LEA Accounting
P O Box 302101
Montgomery, Alabama 36130-2101
Revised 1/16

ALL CLAIMS FOR REIMBURSEMENT MUST BE SUBMITTED BY SEPTEMBER 25, 2016

LEA:	
CLAIM #:	
Contact Person:	
E Mail Address:	
Telephone No:	
Fax No:	

OR QUARTER ENDING:	FINAL CLA	NIM:	YES		NO			THE 15TH OF THE MONTH R BEING REPORTED ON
DECEMBER, 2015		MARCH,	2016			JUNE, 2016	TOLLOWING WOAKTE	SEPTEMBER, 2016
EMS OF BUDGET/EXPENDIT	— TURES SHOUL	_D AGREE W	VITH PRO	POSAL AI	PPROVED	BY THE STATE	DEPARTMENT OF EDUC	ATION
TEMIZE ITEMS OF BUDGET	/EXPENSE				1110112		EXPENDITURES	EXPENDITURES
FROM APPROVED PROI	POSAL	Į.	ACCOUNT			BUDGET	THIS PERIOD	CUMULATIVE TO DAT
(Each Line Item)			(27 Di	gits)				
								+
								+
TOTAL BUDGET/EXPEND	ITURES					\$0.00	\$0.00	\$0.00
by signing this report, I certify nd cash receipts are for the p raudulent information, or the laims or otherwise. (U.S. Coo	to the best of ourposes and o	objectives seny material f	et forth in act, may	the terms subject m	s and cond e to crimin	s true, complete itions of the Fed al, civil or admin	, and accurate, and the e eral award. I am aware th istrative penalties for fra	expenditures, disbursement any false, fictitious, o
PPROVED:								
							LOCAL EDUCATION AG	ENCY
STATE DEPARTMENT	OF EDUCATION	ON						
						SIGNATURI	OF CHIEF SCHOOL FIN	IANCIAL OFFICER
FOR STATE DEPT.	USE:							
PAID								
VOUCHER NO:						SIGN	ATURE OF LEA SUPERI	NTENDENT
AMOUNT								