Alabama State Department of Education
Office of Financial Management
LEA Accounting
P O Box 302101
Montgomery, Alabama 36130-2101
Povisod 1/17

ALL CLAIMS FOR REIMBURSEMENT MUST BE SUBMITTED BY SEPTEMBER 25, 2017

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

Revised 1/17						rax No:	
			_	_	PMENT GRANT		
					XPENDITURES		
(www.alsde.edu, Depa	rtment Offices,	Office of Financial	Managem	ent, LEA Ad	counting, Form	s - Other, Dependent Car	e Claim Form - FY 2017)
	FINAL CLAII	M: YES		NO		DUE ON OR BEFORE T	THE 15TH OF THE MONTH
FOR QUARTER ENDING:						FOLLOWING QUARTER BEING REPORTED ON	
DECEMBER, 2016		MARCH, 2017			JUNE, 2017		SEPTEMBER, 2017
	_			-	• • • • • • • • • • • • • • • • • • •		
ITEMS OF BUDGET/EXPENDIT	URES SHOULD	AGREE WITH PR	OPOSAL A	PPROVED	BY THE STATE I	DEPARTMENT OF EDUC	ATION
ITEMIZE ITEMS OF BUDGET			<u> </u>		 	EXPENDITURES	EXPENDITURES
FROM APPROVED PROF	_	ACCOUN	IT CODES		BUDGET	THIS PERIOD	CUMULATIVE TO DATE
(Each Line Item)	OOAL	(27 Digits)		BODGET	THIS I EIGH	OOMOLATIVE TO DATE	
(Lacii Lille itelli)		(21 L	ngits)			+	
						+	+
						+	+
						+	
TOTAL BUDGET/EXPEND	TURES				\$0.00	\$0.00	\$0.00
By signing this report, I certify and cash receipts are for the p fraudulent information, or the claims or otherwise. (U.S. Cod	urposes and ol omission of any	ojectives set forth i / material fact, may	in the terms / subject m	s and condi	tions of the Fed	eral award. I am aware th istrative penalties for fra	nat any false, fictitious, or
APPROVED:							
ALTROVED.		LOCAL EDUCATION AGENCY					
						LOCAL LOCATION AC	21101
STATE DEPARTMENT	OF EDUCATION	J					
	01 2200/(1101	•			SIGNATURE	OF CHIEF SCHOOL FIN	ANCIAL OFFICER
FOR STATE DEPT.	IISE.				OIOIAIOIL	or orner correct in	ANOIAL OF FIGURE
PAID	OOL.						
VOUCHER NO:					SIGN	ATURE OF LEA SUPERI	NTENDENT
AMOUNT					JIGN	ATOME OF LEAGUEENI	II ENDENI
AIVIOUNI							