

FY		JOINT AGREEMENT ADMINISTRATOR NAME			MEMBER DISTRICT NAME		
EXPENDITURE REPORT SUBMISSION DATE		CUMULATIVE EXPENDITURES THROUGH DATE		MEMBER CONTACT PERSON		MEMBER TELEPHONE NUMBER	MEMBER FAX NUMBER

EXPENDITURE WORKSHEET

Program: _____

LINE	FUNCTION NUMBER (1)	EXPENDITURE ACCOUNT (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY** (7)	OTHER OBJECTS (8)	NON-CAP. EQUIPMENT** (9)	TOTAL (11)
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 800s)	
1	1000	Instruction								
2	2110	Attendance & Social Work Services								
3	2120	Guidance Services								
4	2130	Health Services								
5	2140	Psychological Services								
6	2150	Speech Pathology & Audiology Services								
7	2210	Improvement of Instruction Services								
8	2220	Educational Media Services								
9	2230	Assessment & Testing								
10	2300	General Administration								
11	2400	School Administration								
12	2510	Direction of Business Support Services*								
13	2520	Fiscal Services*								
14	2530	Facilities Acquisition and Construction**								
15	2540	Operation & Maintenance of Plant Services								
16	2550	Pupil Transportation Services								
17	2560	Food Services								
18	2570	Internal Services*								
19	2610	Direction of Central Support Services								
20	2620	Planning, Research, Development & Evaluation Services								
21	2630	Information Services								
22	2640	Staff Services*								
23	2660	Data Processing Services*								
24	2900	Other Support Services								
25	3000	Community Services								
26	4000	Payments to Other Districts or Government Units								
28	Total Direct Costs									
29	Approved Indirect Costs x _____%									
30	TOTAL EXPENDITURES									

RETURN TO COOPERATIVE ADMINISTRATOR WHEN COMPLETED AND SIGNED.

* If expenditures are shown, the indirect cost rate cannot be used.
 ** In no instances can Capital Outlay, Non-Capitalized Equipment, or Facilities Acquisition and Construction Services be included in the indirect cost application.

We the undersigned, hereby certify that the foregoing statements are true to the best of our knowledge and belief.

 Signature of District Superintendent
 OR Agency Administrator

 Date