Print Form

# ABE FISCAL REIMBURSEMENT AND REPORTING 2011-2012

State Form 54759 (7-11)

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

**GUARANTEED FEDERAL AND STATE**

**GRANT NUMBER:**

*Submit completed form to Donna Lovelady: dlovelady@dwd.in.gov*

| REIMBURSEMENT FORM INITIAL BUDGET | |
|---|---|
| **FISCAL AGENT:** | **Fiscal Officer:** |
| | **Contact Telephone number:** |
| | **Program Administrator:** |
| | **Contact Telephone number:** |
| **PERIOD FOR WHICH REIMBURSEMENT IS REQUESTED:** | |
| **From:** **To:** | |
| **FEDERAL AGENCY: U.S. DEPARTMENT OF EDUCATION (US DOE)** | |

INDIANA ADULT EDUCATION

**SECTION II** **Please round all figures to the nearest dollar**

| DESCRIPTION | INITIAL BUDGET FEDERAL | INITIAL BUDGET STATE | FEDERAL REIMBURSEMENT | STATE REIMBURSEMENT |
|---|---|---|---|---|
| **INSTRUCTIONAL COSTS** | | | **Instructional** | |
| **Curriculum Development** | | | | |
| **Salaries/Benefits** | | | | |
| **Contract Services** | | | | |
| **Rent** | | | | |
| **Child Care Services** | | | | |
| **Materials and Supplies** | | | | |
| **Miscellaneous- *Please Specify*** | | | | |
| **Equipment Purchases** | | | | |
| **INSTRUCTIONAL COSTS TOTAL:** | | | | |
| **NON-INSTRUCTIONAL COSTS** | | | **Non-Instructional** | |
| **Salaries/Benefits** | | | | |
| **Contract Services** | | | | |
| **Materials and Supplies** | | | | |
| **Miscellaneous- *Please Specify*** | | | | |
| **Indirect Costs** | | | | |
| **Rent** | | | | |
| **Equipment Purchases** | | | | |
| **Professional Development** | | | | |
| **NON-INSTRUCTIONAL COSTS TOTAL:** | | | | |
| **TOTAL:** | | | | |
| **WAIVER AMOUNT REQUEST** | % | | | |
| **Maintenance of Effort:** | | | | |
| **TOTAL BUDGET:** | $ | $ | **Reimbursement:** | **Reimbursement:** |

Comments:

I certify to the best of my knowledge that the above information is correct and represents expenditures for the time period indicated.

| Typed name: | Signature: |
|---|---|
| | |
| Title: | Date *(month, day, year)* : |
| | |