

INDIANA DEPARTMENT OF EDUCATION
McKinney-Vento Homeless Reimbursement Form
DUE DATE: 1st and 15th of Each Month

Corporation Name: _____
 Corporation No. _____
 Project No. _____
 EDS # _____
 Contract Period: _____
 Fund: _____ CFDA Number: _____
 Receipt Account: _____ Project Number: _____

BUDGET SUMMARY

Budget Categories:	Approved Budget	Expenses for the Period of _____ to _____	Total Expenses to Date
1. 110 Certified Salary	\$ -		
2. 120 Non-Certified Salary			
3. 211-290 Certified Benefits			
4. 211-290 Non-Certified Benefits			
5. 311-319 Professional Services			
6. 440 Rentals			
7. 510-593 Other Purchase Services			
8. 611-689 General Supplies			
9. 710-748 Property			
11 Totals	\$ -	\$ -	\$ -

I certify that all activity took place within the project period indicated above, that all funds requested reflect reimbursement of actual expenses and not encumbrances, and that this information is true and accurate to the best of my knowledge.

The amount shown above is the amount to be reimbursed for this period

***Prepared BY:** Print Name: _____ Title: _____
 Signature of Business Official _____ Date _____

*** Approved BY:** Print Name: _____ Title: _____
 Signature of Business Official _____ Date _____

***The prepare and approver must be (2) separate individuals.**

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise."

Submit form by email to: homelessARRA@doe.in.gov jsmart@doe.in.gov
djani@doe.in.gov