Joy Hofmeister
State Superintendent of Public Instruction Oklahoma State Department of Education

## MEMORANDUM

TO: $\quad$ The Honorable Members of the State Board of Education
FROM: Joy Hofmeister
DATE: $\quad$ August 27, 2015
SUBJECT: Approval of late expenditure reports - Federal Programs
Pursuant to Oklahoma Administrative Code Rule 210:25-3-7(12), "forms requesting reimbursement against any federal program section of the State Department of Education must be received or postmarked on or before August 1 every year."

Caney, Pioneer-Pleasant Vale, Milburn, Blackwell, Haworth, Binger-Oney, Denison, Glenpool and Hollis have provided a good cause letter of explanation and are in payable form. State Board approval is requested.

| Caney | $\$ 10,893.06$ | submitted 8/2 <br> Caney <br> Pioneer-Pleasant Vale | $\$ 2503.66$ |
| :--- | :--- | :--- | :--- |

August 3, 2016

Oklahoma State Department of Education
Grants Management and Expenditure Reporting
2500 N Lincoln Blvd
Oklahoma City, OK 73105

Subject: Late Expenditure Request

I am requesting your consideration for a late expenditure report for our Title VI part B REAP in the amount of $\$ 1,444.60$. The funds request was not executed in a timely manner due to renovations at our district combined with an accounting oversight. An expense report is included as an attachment as documentation of expenditures. We have enhanced accounting measures to ensure that all future grant funds will be executed in a timely manner.

Thank you in advance for your consideration.


# OKlahoma State department of education 

## Applicant: <br> Application: <br> Cycle:

08-I168 BINGER-ONEY
2015-2016 NCLB Consolldated - 00
Summary Expenditure Report 12

## Summary Expenditure Report 12

Instructions

This request has been submitted. No more updates will be saved.

## Program: TitleVIREAPFLEX

Click on the "Create Additional Entries" button to enter additional information.
Description of Object Codes and Function Codes

Show Budget Summary: ()Yes No

| Function Code | Object Code | Site | $\left\lvert\, \begin{gathered} \text { Activity } \\ \text { Description } \end{gathered}\right.$ | Expenditure Description | Final Approved Budget | Previously Requested | Expenditure Amount | Delete Row |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1000 - | $100 \div$ | $\stackrel{\rightharpoonup}{\text { v }}$ | Instruction / Salaries | SALARIES | \$1,692.00 | \$540.00 | 1152.00 | $\square$ |
| 1000 - | $200 \leqslant$ | ิ | $\left\lvert\, \begin{gathered} \text { Instruction } / \\ \text { Benefits } \end{gathered}\right.$ | FIXED CHARGES | \$475.00 | \$137.16 | 292.60 | C] |
|  |  |  |  |  |  | Sub-Total | \$1,444.60 |  |
| 5400 / 900 Indirect Costs Approved Rate 5.6700\% Derived Rate 0.0000\% |  |  |  |  | \$0.00 | \$0.00 | \$0.00 |  |
|  |  |  |  |  |  | Total | \$1,444.60 |  |

NOTE: Data displayed on this page was effective as of 8/3/2016

Attach supporting PDF Choose File I No file chosen
(Summary and Detalled Expenditure Reports are required)


#### Abstract

I Certify that, to the best of my knowledge and belief, this report is true and correct in all aspects: supporting documentation for all entries in the accounting records are on file and will be retained for five (5) years or until the Applicant is notified that such records are no longer needed for administrative review; and the federal funds have been expended only for the purposes they were granted.


All expenditure reports must be signed by the local Superintendent. If the local school board has authorized a different individual to sign expendizure reports, please upload a copy of the school board minutes that confirms the authorization of this signature.

Payment Funding Preview

| Payment Type | Amount | Fund Stream | Reporting Category |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Year | Code | Federal Aid \# |  |
| Payment | $\$ 1,444.60$ | TitleIIA | 2016 | 16541 | 150016541YR1 |
|  | $\$ 1,444.60$ |  |  |  |  |




SUMMER SCHOOL TIME SHEET
 TOTAL HOURS


$$
\times \$ 18.00
$$

moral 288.00


STUENT'S/TEACHER'S N
Preston Shot z


| DAY | DATE | IN | OUT | TOTAL <br> HOURS |
| :--- | :--- | :--- | :--- | :---: |
| MONDAY | $6-6-16$ | $8: 00$ | $12: 00$ | 4 |
| TUESDAY | $6-7-14$ | $8: 00$ | $12: 00$ | 4 |
|  |  |  |  |  |
| WEDNESDAY | $6-8-16$ | $8: 00$ | $12: 00$ | 4 |
|  |  |  |  |  |
| THURSDAY | $6-6-16$ | $8: 00$ | $12: 00$ | 4 |
|  |  |  |  |  |
| FRIDAY |  |  |  |  |
| TOTAL <br> HOURS |  |  |  |  |

COMMENTS: $\qquad$
$\qquad$
$\qquad$


SUMMER SCHOOL TIME SHEET
 TOTAL HOURS

$\qquad$

$$
\mathrm{x} \$ 18.00
$$

$$
\text { TOTAL } \quad 288.00
$$

awol East, Previn fisealeny, Alden Florence fTUDENT'STEACHER'S NAME Preston Schulz


| DAY | DATE | IN | OUT | TOTAL <br> HOURS |
| :--- | :--- | :--- | :--- | :---: |
| MONDAY | $6-13-16$ | $8: 00$ | $12: 00$ | 4 |
| TUESDAY | $6-14-16$ | $8: 00$ | $12: 00$ | 4 |
|  |  |  |  |  |
| WEDNESDAY | $6-15-16$ | $8: 00$ | $12: 00$ | 4 |
|  | $6-16-16$ | $8: 00$ | $12: 00$ | 4 |
| THURSDAY | 6 |  |  |  |
|  |  |  |  |  |
| FRIDAY |  |  |  | 16 |
| TOTAL <br> HOURS |  |  |  |  |

COMMENTS: $\qquad$
$\qquad$
$\qquad$
$\qquad$


SUMMER SCHOOL TIME SHEET


TOTAL HOURS

$\mathrm{x} \$ 18.00$
TOTAL $\quad 288.00$

Oabob-East previn fisenber, aden florence STUDENT'S/TEACFER'S NAME Preston Schsezz
$\qquad$ SUBJECT

| DAY | DATE | IN | OUT | TOTAL <br> HOURS |
| :--- | :--- | :--- | :--- | :--- |
| MONDAY | $6-20-16$ | $8: 00$ | $12: 00$ | 4 |
| TUESDAY | $6-21-16$ | $8: 00$ | $12: 00$ | 4 |
|  | $6-22-16$ | $8: 00$ | $12: 00$ | 4 |
| WEDNESDAY | $6-20$ |  |  |  |
|  |  |  |  |  |
| THURSDAY | $6-23: 16$ | $8: 00$ | $12: 00$ | 4 |
| FRIDAY |  |  |  |  |
| TOTAL <br> HOURS |  |  |  |  |

COMMENTS: $\qquad$
$\qquad$
$\qquad$


SUMMER SCHOOL TIME SHEET


TOTAL HOURS


TOTAL $288 \cdot 00$
 Prison chats


| DAY | DATE | IN | OUT | TOTAL <br> HOURS |
| :--- | :--- | :--- | :--- | :--- |
| MONDAY | $6-27-16$ | $8: 00$ | $12: 00$ | 4 |
| TUESDAY | $6-28-16$ | $8: 00$ | $12: 00$ | 4 |
|  |  |  |  |  |
| WEDNESDAY | $6-29-16$ | $8: 00$ | $12: 50$ | 4 |
|  |  |  |  |  |
| THURSDAY | $6-30-16$ | $8: 00$ | $12: 00$ | 4 |
|  |  |  |  |  |
| FRIDAY |  |  |  |  |
| TOTAL <br> HOURS |  |  |  |  |

COMMENTS: $\qquad$
$\qquad$
$\qquad$
$\qquad$



5 TaA.goy

To Whom It May Concern,

Blackwell Title I claim needed to be amended ad became a late claim due to a Title II. We will only be claiming the missed expenditures that were not previously claimed.

Thank you,


Superintendent
Blackwell Public Schools

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Applicant:
Application: Cycle:

36-I045 BLACKWELL
2015-2016 NCLB Consolidated - 00
Summary Expenditure Report 10

## Printer-Friendly

Click to Return to Financial To Do List Click to Return to Organization Select Click to Return to Menu List / Sign Out

Summary Expenditure Report 10
Instructions

This request has been submitted. No more updates will be saved.

## Program: TitleIA

Click on the "Create Additional Entries" button to enter additional information.

Description of Object Codes and Function Codes

Show Budget Summary: (®) Yes No
Note: This Budget Summary displays to aid in creating and editing the Summary Expenditure Report and will not display once the Summary Expenditure Report is submitted to the SEA.

| Code | Activity Description | $100-$ <br> Salaries | $\begin{gathered} 200- \\ \text { Benefits } \end{gathered}$ | 300 - <br> Professiona Services | 400 - <br> Property <br> Services | 500 Other Services | 600 - <br> Supplemental Instruction Materials | 700 Property | 800 - <br> Other <br> Objects | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1000 | Instruction | $160,246.05$ | 45,128.87 |  | 10,103.74 |  | 55,400.00 |  |  | 270,878.66 |
| 2110 | Attendance and Social Work Services |  |  | 56,000.00 |  |  |  |  |  | 56,000.00 |
| 2120 | Guidance Services |  |  |  |  |  |  |  |  |  |
| 2190 | Other Support Services - Student |  |  |  |  |  |  |  |  |  |
| 2210 | Improvement of Instruction Services | 46,825.00 | 10,426.55 | 6,400.00 |  | 4,000.00 | 6,000.00 |  | 4,000.00 | 77,651.55 |
| 2220 | Library/Media Services |  |  |  |  |  |  |  |  |  |
| 2240 | Academic Student Assessment |  |  |  |  |  |  |  |  |  |
| 2310 | Board of Education Services |  |  |  |  |  |  |  |  |  |
| 2330 | State and Federal Relations Services | 2,500.00 | 636.00 |  |  |  |  |  |  | 3,136.00 |
| 2410 | Office of the Principal Services |  |  |  |  |  |  |  |  |  |
| 2540 | Planning, Research, Development, and Eval Services |  |  |  |  |  |  |  |  |  |
| 2570 | Personnel (Staff) Services |  |  |  |  | 4,000.00 | 2,000.00 |  | 4,000.00 | 10,000.00 |
| 2620 | Operation of Buildings Services |  |  |  |  |  |  |  |  |  |
| 2640 | Care and Upkeep of Equipment Services |  |  |  |  |  |  |  |  |  |
| 2660 | Security Services |  |  |  |  |  |  |  |  |  |
| 2720 | Vehicle Operation Services |  |  |  |  |  |  |  |  |  |
| 3300 | Community Services Operations |  |  |  |  |  |  |  |  |  |
| 5500 | PRIVATE, NONPROFIT SCHOOLS |  |  |  |  |  |  |  |  |  |
| 2320 | Executive Administration Services |  |  |  |  |  |  |  |  |  |
| 2560 | Information Services |  |  |  |  |  |  |  |  |  |
| 2740 | Vehicle Servicing and Maintenance Services |  |  |  |  |  |  |  |  |  |
| 2230 | Instruction-Related Technology |  |  |  |  |  |  |  |  |  |
| 2730 | Monitoring Services |  |  |  |  |  |  |  |  |  |
| 2194 | Parental Advisory |  |  |  |  |  | 2,500.00 |  |  | 2,500.00 |
| 2199 | Homeless Set Aside |  |  |  |  |  | 5,500.00 |  |  | 5,500.00 |
| 2650 | Vehicle Operation and Maintenance Services |  |  |  |  |  |  |  |  |  |
| 2530 | Printing, Publishing, and Duplicating Services |  |  |  |  |  |  |  |  |  |
| 2340 | Other General and Administrative Services |  |  |  |  |  |  |  |  |  |
| Total | Direct Costs | 209,571.05 | 56,191.42 | 62,400.00 | 10,103.74 | 8,000.00 | 71,400.00 |  | 8,000.00 | 425,666.21 |
| Total | Budget |  |  |  |  |  |  |  |  | 425,666.21 |



NOTE: Data displayed on this page was effective as of $8 / 15 / 2016$

| Payment Tracking Number <br> Expenditures from <br> At the outset of the year, your LEA provided the following information: <br> DUNS \# <br> CCR Expiration Date <br> New SAM Expiration Date (if <br> required) <br> Note: OSDE is prohibited from making payments to LEAs whose CCR Expiration Date (which has now been replaced by the SAM Expiration Date) <br> has passed. <br> For every Summary Expenditure Report in which an LEA must enter the new SAM Expiration Date, the LEA must also upload a PDF from SAM.gov <br> which shows the LEA name, DUNS \#, and expiration date.$\quad$Click here to access SAM for Expiration Date Information |
| :--- |


| RECAP | Amount | Amount Paid to Date by Fund Source |  |
| :--- | :--- | :--- | :--- |
| Grant Award (Allocation) | $\$ 425,666.21$ |  |  |
| Approved Budget | $\$ 425,666.21$ | TitleIA | $\$ 263,012.35$ |
| Amount Paid To Date | $\$ 327,012.35$ | TitleIlA | $\$ 64,000.00$ |
| Expenses To Date | $\$ 0.00$ | Total | $\$ 327,012.35$ |
| Balance Due LEA | $\$ 0.00$ |  |  |
| Funds on Hand | $\$ 327,012.35$ |  |  |

Attach supporting PDF Browse., No file selected.
(Summary and Detailed Expenditure Reports are required)

I Certify that, to the best of my knowledge and belief, this report is true and correct in all aspects: supporting documentation for all entries in the accounting records are on file and will be retained for five (5) years or until the Applicant is notified that such records are no longer needed for administrative review; and the federal funds have been expended only for the purposes they were granted.

[^0]511 Expenditures Revised 8-15-2016.pdf
511 Missing Claims Letter - 6-2016.pdf
Amended 511 Expenditure 6-2016 Letter of Late Claim.pdf
Dunn's 2016-2017.pdf

## Payment Funding Preview

| Payment Type | Amount | Fund Stream <br> Program |  | Reporting Category |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Year | Code | Federal Aid \# |  |  |
| Payment | $\$ 286.68$ | TitleIA | 2016 | 16511 | 150016511 YR1 |  |
| Total | $\$ 286.68$ |  |  |  |  |  |

PRODVm user ID: Jazmin Madrigal (96216)

TITLE I BASIC PROG
SUMMARY EXPENDITURE REPORT
CODE: $36 \quad 1045$ Fund: 11

County District
County: KAY
District: BLACKWELL PUBLIC SCHOOLS
FY 2016
Fiscal Year
Project
No: 511
Amount of Approved (budgeted) Project
Name TITLE I BASIC PROG
By signing this report, I certify to the best of my knowledge and bellef that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purpose and objectives set forth in the terms and conditions of the federal award. I am aware that 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. 2 CFR 200.415

Signature
(Chief Executive Officer / Authorized Representative)
Reporting Period 06/01/2016 thru 06/30/2016
Beginning Approved (budgeted) Balance
106,426.25

| Function Description | Object Description | Func <br> Code | Object <br> Code | Site <br> Code | Amount <br> Paid |
| :--- | :--- | :---: | :---: | ---: | ---: |
| INSTRUCTION |  | Supplies | 1000 | 600 | 125 |
| INSTRUCTION | Supplies | 1000 | 600 | 505 | 1755.29 |
| PERSONNEL SERVICES | Oth Purchased Svcs | 2570 | 500 | 125 | 11.68 |
| PERSONNEL SERVICES | Other Objects | 2570 | 800 | 125 | 275.00 |
|  |  | Total (of all pages) |  | $8,059.07$ |  |
|  |  |  |  |  |  |
|  |  | ENDING APPROVED BALANCE |  | $98,367.18$ |  |



# Canty Public Schools 

Office of the superintendent
R.O. Box 60

301 North Cobb Avenue
Coney, Oklahoma 74533
580-889-1996 Fax: 580.889-5033

August 19, 2016



Lori Boehme
Superintendent

## T1-PART A, BASIC

SUMMARY EXPENDITURE REPORT

| CODE: | 03 | 1026 |
| :---: | :---: | :---: |
|  | County | District |

County: ATOKA
District: CANEY PUBLIC SCHOOLS
Fund: 11
FY 2016 Fiscal Year
Project
Amount of Approved (budgeted) Project
No: 511
68,582.20
Name T1-PART A, BASIC
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 purpose and objectives set forth in the terms and conditions of the federal award. I am aware that 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. 2 CFR 200.415

Sighature

$i R \times x$
(Chiel Executive. Officer / Authorized Representative)
Reporting Period 06/01/2016 thru 06/30/2016

Beginning Approved (budgeted) Balance

| Object Description | Func <br> Code | Object <br> Code | Slte <br> Code | Amount <br> Paid |
| :--- | :---: | :---: | :---: | ---: |
|  | 1000 | 100 | 105 | $8,870.88$ |
| Pers Svc-Salaries | 1000 | 200 | 105 | $1,699.82$ |
| Pers Svc-Empl Bfts | 5400 | 900 |  | 322.36 |
| Oth Uses of Funds |  |  | $10,893.06$ |  |
|  | Total (of all pages) |  | $4,593.01$ |  |

## T1-PART A, BASIC

DETAILED EXPENDITURE REPORT

| CODE: | 03 | 1026 |
| :---: | :---: | :---: |
|  | County | District |

Fund: 11
District: CANEY PUBLIC SCHOOLS
FY 2016
County: ATOKA

Amount of Approved (budgeted) Project
Fiscal Year Budgeted 68,582.20
No: 511
Name T1-PART A, BASIC
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 purpose and objectives set forth in the terms and conditions of the federal award, I am aware that false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or admintsyative penalties for fraud, false statements, false claims or otherwise. 2 CFR 200.415


Reporting Period 06/01/2016 thru 06/30/2016
Beginning Approved (budgeted) Balance
15,486.07

| PoNo | Date of P.O. | Warrant No. | Date Paid ( $\mathrm{mm} / \mathrm{dd} / \mathrm{yy}$ ) | Func-Object Site Code | Person or Vendor | Amount Paid |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 70029 | 08/27/15 | 1848 | 06/29/16 | 1000-110-105 | WEBSTER, DELOTAF | 2,727.08 |
| 70029 | 08/27/15 | 1704 | 06/30/16 | 1000-110-105 | WEBSTER, DELOTA F | 2,727.08 |
| 70033 | 08/27/15 | 1622 | 06/29/16 | 1000-120-105 | COATS, WENDY M | 1,041.67 |
| 70033 | 08/27/15 | 1690 | 06/30/16 | 1000-120-105 | COATS, WENDY M | 1,041.71 |
| 70040 | 08/27/15 | 1637 | 06/29/16 | 1000-120-105 | MINCHER, FAITH | 666.67 |
| 70040 | 08/27/15 | 1699 | 06/30/16 | 1000-120-105 | MINCHER, FAITH | 666.67 |
| 70029 | 08/27/15 | 1673 | 06/29/16 | 1000-232-105 | M-INTERNAL REVENUE SERVICE | 38.18 |
| 70029 | 08/27/15 | 1725 | 06/30/16 | 1000-232-105 | M-INTERNAL REVENUE SERVICE | 38.18 |
| 70033 | 08/27/15 | 1673 | 06/29/16 | 1000-242-105 | M-INTERNAL REVENUE SERVICE | 15.10 |
| 70033 | 08/27/15 | 1725 | 06/30/16 | 1000-242-105 | M-INTERNAL REVENUE SERVICE | 15.10 |
| 70040 | 08/27/15 | 1673 | 06/29/16 | 1000-242-105 | M-INTERNAL REVENUE SERVICE | 9.35 |
| 70040 | 08/27/15 | 1725 | 06/30/16 | 1000-242-105 | M-INTERNAL REVENUE SERVICE | 9.35 |
| 70029 | 08/27/15 | 1675 | 06/29/16 | 1000-252-105 | TEACHER RTMT. - FEDERAL | 224.98 |
| 70029 | 08/27/15 | 1726 | 06/30/16 | 1000-252-105 | TEACHER RTMT. - FEDERAL | 224.98 |
| 70029 | 08/27/15 | 1676 | 06/29/16 | 1000-253-105 | TEACHER RTMT, - FEES | 259.07 |
| 70029 | 08/27/15 | 1727 | 06/30116 | 1000-253-105 | TEACHER RTMT. - FEES | 259,07 |
| 70033 | 08/27/15 | 1675 | 06/29/16 | 1000-262-105 | TEACHER RTMT. - FEDERAL | 85.94 |
| 70033 | 08/27/15 | 1726 | 08/30/16 | 1000-262-105 | TEACHER RTMT, - FEDERAL | 85.94 |
| 70040 | 08/27/15 | 1675 | 08/29/16 | 1000-262-105 | TEACHER RTMT. - FEDERAL | 55.00 |
| 70040 | 08/27/15 | 1726 | 06/30/16 | 1000-262-105 | TEACHER RTMT. - FEDERAL | 55.00 |
| 70033 | 08/27/15 | 1676 | 06/29/16 | 1000-263-105 | TEACHER RTMT. - FEES | 98.96 |
| 70033 | 08/27/15 | 1727 | 06/30/16 | 1000-263-105 | TEACHER RTMT. - FEES | 98.96 |
| 70040 | 08/27/15 | 1676 | 06/29/16 | 1000-263-105 | TEACHER RTMT. - FEES | 63.33 |
| 70040 | 08/27/15 | 1727 | 06/30/16 | 1000-263-105 | TEACHER RTMT. - FEES | 63.33 |
|  |  |  |  | 5400-970 | INDIRECT COST | 322.36 |
|  |  |  |  |  | Project-Reporting Total | 10,893.06 |

# Canty Public Schools 

office of the Superintendent
P.O. Box 60

301 North Cobb Avenue
Caner, Oklahoma 74533
580-889-1996 Fax: 580-889-5033

August 19, 2016

Federal Programs
OX State Department of Education
Oklahoma City, OK 73105

To Whom It Way Concern:

1 am whiting this letter to inform you why the June Title I and Tile VI claims for Cane school District, which were L0 we submitted by August 1, 2016, were submitted on August 2,2016 . I apologize for the claims being late and $k^{*}$ for any inconvenience it has caused the SDE and the Office of Federal Programs. We had some issues with coding in our accounting program the last week of July, those issues were corrected before August $1^{\text {at }}$, but the clams were overlooked by me and not submitted by August 1. I submitted them as soon as I realized they had not been uploaded. Again, aam sorry for the inconvenience and the claims being late. We are anal district that relies on these funds and would appreciate the claims being approved. Thank you tor your help in this matter. Please let me know if you have any questions.

## Sincerely,



Lori Boehme
Superintendent

T6-PART B, REAP
SUMMARY EXPENDITURE REPORT

| CODE: | 03 | 1026 |
| :---: | :---: | :---: |
|  | County | District |
| District: | CANEY | PUBLIC SCHOOLS |

Fund: 11
District: CANEY PUBLIC SCHOOLS
FY 2016 Fiscal Year Budgeted
Project
Amount of Approved (budgeted) Project
14,866.45
No: 586
Name T6-PART B, REAP
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 purpose and objectives set forth in the terms and conditions of the federal award. I am aware that false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or adminightrative penalties for fraud, false statements, false claims or otherwise. 2 CFR 200.415

Signature

(Ohiof Executive Officer / Authorized Representative)
Reporting Period 06/01/2016 thru 06/30/2016
Beginning Approved (budgeted) Balance

| Function Description | Object Description | Func <br> Code | Object <br> Code | Site <br> Code | Amount <br> Paid |
| :--- | :--- | :---: | :---: | ---: | ---: |
|  |  | 1000 | 100 | 105 | $1,808,84$ |
| INSTRUCTION | Pers Svc-Salaries | 1000 | 200 | 105 | 345.32 |
| INSTRUCTION | Pers Svc-Empl Bfts | 2210 | 100 | 050 | 250.00 |
| Improve Instr Svc | Pers Svc-Salaries | 2210 | 200 | 050 | 48.00 |
| Improve Instr Svc | Pers Svc-Empl Bfts | 5400 | 900 |  | 51.50 |
| INDIR COST ENT-F\&CNP | Oth Uses of Funds | Total (of all pages) | $2,503.66$ |  |  |
|  |  |  |  |  |  |
|  |  | ENDING APPROVED BALANCE |  | 766.87 |  |




## Benison Public School

3001 E. Washington
Idabel, Ok 74745
(580) 286-3319
(580) 286-5743 Fax
www.denison.k12.ok.us
"Expecting Success!"

Oklahoma State Department of Education
To Whom It May Concern:
I would like to first begin by apologizing for my oversight at Benison Public Schools in regards to our claims process. I do not take lightly the job we are tasked with every day in educating the students of our district and across the state. In order to accomplish this job to the best of our abilities, it is my job to make sure our district has the funding necessary to operate to the maximum potential. I would like to request consideration of the State Superintendent and State Board of Education in approving our late claims. As Benison Public School Superintendent, I unknowingly allowed the claims to be submitted after the deadline of August $1^{\text {st }}, 2016$. This was not intentional and was an oversight on my part. I have corrected the process in which our claims are made in order to avoid missing the deadline in the future. Again, I apologize and respectfully ask for your consideration of approval.

Thank you,


Superintendent Benison Public Schools


| Expenditure Detail Report |  |  |
| :--- | :--- | :--- |
| Code: 48 | C037 | Fund 11 |

Name: RURAL ED INITIATIVE
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expendifures, disbursements and cash receipts are for the purposes and objeotives set forth in the terms and conditions of the federal award. I am aware that any false, fictillous, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false clalms or otherwise. 2 CFR 200.415


Reporting Period: Date Range : 02/01/2016 TO 06/30/2016
Beginning Approved (Budgeted) Balance
$\$ 2,210.81$

| Purchase No | Order Date | No | $\begin{aligned} & \text { arrant -........ } \\ & \text { Date } \end{aligned}$ | Function Object | Name |  | Amount Paid |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 77 | 07/15/2015 | 1052 | 05/13/2016 | 1000-641 | HOUGHTON MIFFLIN HARCOURT |  | \$2,210.81 |
|  |  |  |  |  |  | Page Total | \$2,210,81 |
|  |  |  |  |  |  | Total Claimed | \$2,210.81 |
|  |  |  |  |  |  | Ending Approved Balance | \$0.00 |

## Houghton Miffilin Harcourt

9205 Southpark Center Loop
Orlando, FL 32819
Invoice 952201558

| Payment Information |  |  |
| :---: | :---: | :---: |
| Purchase Order No. |  |  |
| 2018-11-164 |  |  |
| Order No. / Date 9 | 9199730 | 04/11/2016 |
| Invoice No. / Date 95 | 952201558 | 04/13/2016 |
| Payer Customer Number | er 217061 |  |
| Invoice Amount | \$2,366.20 |  |
| incoterms | SHIPPING POINT |  |
| Payment Terms |  |  |
| Within 30 days Due net |  |  |
| We assume no responsibility for safe delivery of shlpments by mail verless insured, All claims for allowance for shortages, elc. must be made immedlately upon recelpt of goods and livoice. |  |  |
| REMIT TO: |  |  |
| 14046 Collections Center Drive |  |  |
| Chicago IL 60693 |  |  |
| The Riverside Publishing Company |  |  |
| Exempt from backup withholding EIN: 04-2670173 |  |  |

Invoice Message:

Test Security (Please see the additional terms regarding test securlty In the applicable Houghton Mifflin Harcourt catalog.)
 the reciplent eckncwedges responsibility for maintalining lesi securly that is required by projessional standards, applicabie state end local policies, and the most-curremt Houghton Miffin Harcourt calaiog. Recipient also acxnowledges responsibility for abhering to regulations governing proper use of tests and for complying with federal copyrignt law, which prohibita unaulborized
reproduclion and use of cooyrightad test materials. reproduction and use of copyrighted test materials.


Thls Invoice is subject to HMH's standard Terms and Conditions ("Ts \&Cs") which are posied al help:/hwwhihmhco,com/terms-and-condilions.hlml. HMH reserves the right to modify its Ts \& Cs from fime to ilme and agrees to notify you prior to such modifications becoming effective. Visit our Cusiomer Care website to view order stalus anformation and other ontine seryice tools. hitp://customercarathmhco.com/


Denison Public School<br>3001 E. Washington<br>Idabel, Ok 74745<br>(580) 286-3319<br>(580) 286-5743 Fax<br>www.denison.k12.ok.us<br>"Expecting Success!"

Oklahoma State Department of Education
To Whom It May Concern:
I would like to first begin by apologizing for my oversight at Denison Public Schools in regards to our claims process. I do not take lightly the job we are tasked with every day in educating the students of our district and across the state. In order to accomplish this job to the best of our abilities, it is my job to make sure our district has the funding necessary to operate to the maximum potential. I would like to request consideration of the State Superintendent and State Board of Education in approving our late claims. As Denison Public School Superintendent, I unknowingly allowed the claims to be submitted after the deadline of August $1^{\text {st }}, 2016$. This was not intentional and was an oversight on my part. I have corrected the process in which our claims are made in order to avoid missing the deadline in the future. Again, I apologize and respectfully ask for your consideration of approval.


## TITLE I

Page 1

| Expenditure | Summary Report |  |  |
| :--- | :--- | ---: | ---: |
| Code: 48 | C037 | Fund | 11 |
| County | District | FY: | 2016 |
| District: |  | DENISON SCHOOL. |  |

Project No: 511
Amount of Approved (Budgeted) Project
$\$ 49,716.05$
Narne: BASIC PROG, CY
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, ficititous, 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. 2 CFR 200.415

Signature:


Date: $1-2-6$

Reporting Period: Date Range : 2/1/2016 TO 6/30/2016
Beginning Approved (Budgeted) Balance
$\$ 15,305.79$

| Function | Object | Function <br> Code | Object <br> Code |
| :--- | :--- | :--- | ---: |
| INSTRUCTION | Pers SvC-Salaries | 1000 | 100 |
| INSTRUCTION | Pers Svc-EmpI Bfts | 1000 | 200 |
| INDIRECT COST ENTITLEMENT | OTHER USES OF FUNDS | 5400 | 900 |
|  |  | Total Claimed | $\$ 14,026.68$ |
|  |  | Ending Approved Balance | $\$ 98.62$ |
|  |  | $\$ 310.49$ |  |
|  |  | $\$ 15,305.79$ |  |

TITLE I
Page 1
Expenditure Detail Report
Code: 48 C037 Fund 11
County District FY: 2016
County: MCCURTAIN
District: DENISON SCHOOL

Project No: 511
Amount of Approved (Budgeted) Project
$\$ 49,716.05$
Name: BASIC PROG, CY
By signing this report, I certify to the best of my knowledge and bellef that the report is true, complete and accurate and the expenditures, disbursements and cash recejpts are for the purposes and objectlves 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. 2 CFR 200.415


Reporting Period: Date Range : 2/1/2016 TO 6/30/2016
Beginning Approved (Budgeted) Balance
\$15,305.79

| Purchase <br> No | Order Date |  |  | Function Object | $\qquad$ Vendor $\qquad$ <br> Name | Amount Paid |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 50006 | 8/17/2015 | 670 | 2/11/2016 | 1000-120 | N. HENRIETTA BURNETT | \$1,253.33 |
| 50009 | 8/17/2015 | 682 | 2/1/12016 | 1000-120 | BRENDA IGLEHART | \$1,186.67 |
| 50020 | 8/17/2015 | 692 | 2/11/2016 | 1000-120 | TIFFANY PRATT | \$1,068.67 |
| 50006 | 8/17/2015 | 777 | 3/8/2016 | 1000-120 | N. HENRIETTA BURNETT | \$1,253.33 |
| 50009 | 8/17/2015 | 789 | 3/9/2016 | 1000-120 | BRENDA IGLEHART | \$1,186.67 |
| 50020 | 8/17/2015 | 799 | 3/9/2016 | 1000-120 | TIFFANY PRATT | \$1,066.67 |
| 50006 | 8/17/2015 | 878 | 4/8/2016 | 1000-120 | N. HENRIETTA BURNETT | \$1,253,33 |
| 50009 | 8/17/2015 | 890 | 4/8/2016 | 1000-120 | BRENDA IGLEHART | \$1,186.67 |
| 50020 | 8/17/2015 | 900 | 4/8/2016 | 1000-120 | TIFFANY PRATT | \$1,066.67 |
| 50006 | 8/17/2015 | 967 | 5/11/2016 | 1000-120 | N. HENRIETTA BURNETT | \$1,253.33 |
| 50009 | 8/17/2015 | 978 | 5/11/2016 | 1000-120 | BRENDA IGLEHART | \$1,186.67 |
| 50020 | 8117/2015 | 989 | 5/11/2016 | 1000-120 | TIFFANY PRATT | \$1,066.67 |
| 50006 | 8117/2015 | 707 | 2/11/2016 | 1000-222 | OK STATE AND ED EMP INSURANCE | \$33.64 |
| 50009 | 8/17/2015 | 707 | 2/11/2016 | 1000-222 | OK STATE AND ED EMP INSURANCE | \$33.64 |
| 50020 | 8/17/2015 | 707 | 2/11/2016 | 1000-222 | OK STATE AND ED EMP INSURANCE | \$33.64 |
| 50006 | 8/17/2015 | 723 | 2/11/2016 | 1000-224 | THE HARTFORD-GROUP LIFE | \$1.22 |
| 50009 | 8/17/2015 | 723 | 2/11/2016 | 1000-224 | THE HARTFORD-GROUP LIFE | \$1.22 |
| 50020 | 8/17/2015 | 723 | 2/11/2016 | 1000-224 | THE HARTFORD-GROUP LIFE | \$1.22 |
| 50006 | 8/17/2015 | 716 | 2/11/2016 | 1000-241 | MCCURTAIN CO. NAT. BANK-FWH | \$69.90 |
| 50009 | 8/17/2015 | 716 | 2/11/2016 | 1000-241 | MCCURTAIN CO. NAT. BANK-FWH | \$66.37 |
| 50020 | 8/17/2015 | 716 | 2/11/2016 | 1000-241 | MCCURTAIN CO. NAT. BANK-FWH | \$44.48 |
| 50006 | 8/17/2015 | 706 | 2/11/2016 | 1000-242 | MCCURTAIN CO NAT. BANK FICA - MED | \$16.35 |
| 50009 | 8/17/2015 | 706 | 2/11/2016 | 1000-242 | MCCURTAIN CO NAT. BANK FICA - MED | \$15.52 |
| 50020 | 8/17/2015 | 706 | 2/11/2016 | 1000-242 | MCCURTAIN CO NAT. BANK FICA - MED | \$10.40 |
| 50006 | $8 / 17 / 2015$ | 715 | 2/11/2016 | 1000-262 | OK TEACHER RETIREMENT | \$106.28 |
| 50009 | 8/17/2015 | 715 | 2/11/2016 | 1000-262 | OK TEACHER RETIREMENT | \$100.78 |
| 50020 | 8/17/2015 | 715 | 2/11/2016 | 1000-262 | OK TEACHER RETIREMENT | \$90.88 |
| 50008 | 8/17/2015 | 715 | 2/11/2016 | 1000-263 | OK TEACHER RETIREMENT | \$122.38 |
| 50009 | 8/17/2015 | 715 | 2/11/2016 | 1000-263 | OK TEACHER RETIREMENT | \$116.05 |
| 50020 | 8/17/2015 | 715 | 2/11/2016 | 1000-263 | OK TEACHER RETIREMENT | \$104.65 |
|  |  |  |  | $5400-970$ | INDIRECT COST | \$310.49 |


| Page Total | $\$ 15,305.79$ |
| :--- | ---: |
|  |  |
| Total Claimed | $\$ 15,305.79$ |
| Ending Approved Balance | $\$ 0.00$ |

461 E. $146^{\text {th }}$ St.
Glenpool, Ok. 74033
August 2, 2016

## Dear Board Members,

Glenpool Public Schools, 721013 request that the Oklahoma State Board of Education approve the district's late claims for July 2016 for the $15-16$ School Year. The following claims were submitted August 2, 2016, missing the August 1st deadline:

Title I-A Project 511 in the amount of $\$ 23,384.09$
Title II-A Project 541 in the amount of $\$ 4,617.90$
The reason for the late submission was due to district officials being heavily consumed with negotiations with our insurance provider and work related to storm damage the school suffered during the July 14, 2016 severe weather event. We incurred well over a million dollars of damage that resulted in us not having electricity, email or access to the internet for several days. The oversight was not discovered until August 2, 2016.

Respectfully,


Supt., Glenpool Schools

## PART A BASIC PROGRAM

Page 1

## Summary Expenditure Report

|  | Code: 72 | 1013 | Fund: | 11 |
| :---: | :---: | :---: | :---: | :---: |
|  | County | District | FY: | 2016 |
| County: Tulsa | District: Glenpool Public Schools |  | Fiscal Year Budgeted |  |
| Project No: 511 |  |  |  |  |
| Name: PART A BASIC PROGRAM |  | Amount of Appro | \$418 | 654.93 |

By signing this report, 1 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. 2 CFR 200.415

Signature:


Chief Executive Offirgr/Authorized Representative
Date:


Reporting Period: Date Range: 07/01/2016 TO 07/31/2016
\$38,915.03

| Function | Object | Function Code | Object <br> Code | Amount |
| :---: | :---: | :---: | :---: | :---: |
| INSTRUCTION | Supplies \& Materials | 1000 | 600 | \$22,764.49 |
| INDIRECT COST FED PROGRAMS | Oth Uses of Funds | 5400 | 900 | \$619.60 |
|  |  | Total Claimed |  | \$23,384.09 |
|  |  | Ending Approved Balance |  | \$15,530.94 |



TEACHER AND PRIN TRAINING
Summary Expenditure Report

County: Tulsa
Project No: 541
Name: TEACHER AND PRIN TRAINING

| Code:72 1013 <br> County District | Fund: | 11 |
| :---: | :---: | ---: |
| District: | Glenpool Public Schools | FY: |
|  |  | Fiscal Year |
|  | Budgeted |  |
|  | Amount of Approved (Budgeted) Project | $\$ 67,514.21$ |

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. 1 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 fraut, false statements, false claims or otherwise. 2 CFR 200.415

Signature:


Reporting Period: Date Range: 07/01/2016 TO 07/31/2016
Beginning Approved (Budgeted) Balance
$\$ 12,733.25$

|  |  | Function Object |  |
| :--- | :--- | :--- | :--- |
| Function | Codject | Code |  |
| IMPR INSTR SVC | Oth Purchased Svcs | 2210 | 500 |
| IMPR INSTR SVC | Supplies \& Materials | 2210 | 600 |
| IMPR INSTR SVC | Other Objects | 2210 | 800 |
|  |  | Total Claimed | $\$ 614.86$ |
|  |  | Ending Approved Balance | $\$ 109.04$ |
|  |  | $\$ 3,894.00$ |  |



# HAWORTH PUBLIC SCHOOLS 



August 12, 2016

Oklahoma State Department of Education 2500 N. Lincoln Blvd
Oklahoma City, OK 73105

## Superintendent Hofmeister,

Haworth Public Schools regrets that we missed the deadline of August $1^{\text {st }}$ as the final day to submit Title I claims for reimbursement. Due to a change in superintendents over the summer, the emails regarding the reminder of claim due dates were not being received. Our business manager thought that she had until the end of August to submit these claims. We have corrected that misunderstanding and have taken steps to ensure that it will not happen in the future.

We had encumbered and ordered new equipment that did not get delivered to the school until July. Upon delivery we set the equipment up and made sure that everything was in working order before payment was made on July 21, 2016. When the business manager filed the claim it was then brought to her attention that the deadline for the filing of federal claims had past.

Please except our apology as we humbly request your approval of our final Title I claim for the fiscal year 2016.

Sincerely,


## Jason Price

Superintendent
Haworth Public Schools

## Late claims

$$
\text { Haworth - } 485006
$$

$$
511 \text { - June I-Ang } 15,2016
$$

Received-Ang: 12,2016

TITLE I
EXPENDITURE SUMMARY REPORT Page 1
CODE: 48
I-006
District
FUND: 11 GENERAL EUND

County: MCCURTAIN
District: HAWORTH PUBLIC SCHOOLS
FY: 16 Fiscal Year Budgeted
Project:
No. 511 Amount of Approved (budgeted) Project $\$$ 201,909.58 FINAL CLAIM

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 purpose 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. 2 CFR 200. 815


Date: 8 人2 16


Reporting Period: 06/01/2016 thru 08/15/2016
Approved Budgeted Balance
$41,907.14$

| Function Description | Object Description | Func | OBJ | SIT | Expendit Amount |
| :---: | :---: | :---: | :---: | :---: | :---: |
| INSTRUCTION | EMPLOYEE BENEFITS | 1000 | 200 | 105 | 121.38 |
|  | SUPPLIES | 1000 | 600 | 510 | 9,000.00 |
|  | SUPPLIES | 1000 | 600 | 705 | 9,000.00 |
| INDIRECT COST | Other Uses of Funds | 5400 | 900 |  | 540.02 |
|  |  | Page Total: |  |  | 18,661.40 |

TOTAL (of all pages): $18,661.40$
GRAND TOTAL CLAIMED: 18,661.40 ENDING APPROVED BAIANCE: 23,245.74

TITLE I
DETAILED EXPENDITURE REPORT Page 1
CODE: 48 I-006 FUND: 11 County District GENERAL FUND

| County: MCCURTAIN | District: HAWORTH PUBLIC SCHOOLS |  |
| :--- | :--- | :--- |

Reporting Period: 06/01/2016 thru 08/15/2016
Approved Budgeted Balance 41,907.14


PAYMENTORDER

HAWORTH PUBLIC SCHOOLS 300 N MAPLE HAWORTH, OK 74740

SHIP-TO HAWORTH PUBLIC SCHOOLS 300 N. MAPLE

HAWORTH, OK 74740

| DATE OF ORDER | ORDER NO. | WARR \# |
| :--- | :---: | ---: |
| $6 / 09 / 16$ | 00740 | 03023 |

## MILLER OFFICE EQUIPMENT

900 E. WYANDOTTE
MCALESTER, OK 74501

PAYMENT DATE: 07/21/16 GENERAI FUND



Invoice No: ANT156112
Date: 7/16/2016
Account No: 2451441

Miller Office Equipment - Antlers
EIN 26-1354299
407 E. Main Antlers, OK 74523

Bill To:

| Haworth Public Schools | Ship To: |
| :--- | :--- |
| HC 73 Box 1 | Haworth Public Schools |
| HC 73 Box 1 |  |

"Serving Our Customers Since 1975"


Visa \& Mastercard Accepted
TERMS: A Finanec Churge of $1.5 \%$ per month will be added to all charges after 30 days from date of invoice, ALL credits, including oyerpayments, are subjecf to a monithy seryice chargo.
$3=$ $\qquad$

August 11, 2016
Joy Hofmeister
State, Superintendent
Oliver Hodge Building
2500 North Lincoln Blvd
Oklahoma City, Oklahoma 73105

Dear Superintendent Hofmeister,

I am writing to request payment for federal claims submitted late. We have had personnel issues in our business office this summer and it has delayed our submission of claims to the State Department.

I apologize for the inconvenience this may have caused and assure you we will do our best to keep this from happening again in the future.

Sincerely,


29-1066
P.O. Box 193

Hollis, Oklahoma 73550

# OKLAHOMA STATE DEPARTMENT OF EDUCATION 

Applicant:
Application: Cycle:

## 29-I066 HOLLIS

2015-2016 NCLB Consolidated - 00
Summary Expenditure Report 3

Printer-Friendly
Click to Return to Financial To Do List Click to Return to Organization Select Click to Return to Menu List / Sign Out

## Summary Expenditure Report 3

This request has been submitted, No more updates will be saved.

## Program: TitleIA

Click on the "Create Additional Entries" button to enter additional information.
Description of Object Codes and Function Codes

Show Budget Summary: Yes No
Note: This Budget Summary displays to aid in creating and editing the Summary Expenditure Report and will not display once the Summary Expenditure Report is submitted to the SEA.

| Code | Activity Description | 100 - <br> Salaries | $200$ <br> Benefits | 300 - <br> Professional Services |  | 500 <br> Other <br> Services | 600 - <br> Supplemental Instruction Materials | $\left\|\begin{array}{c} 700- \\ \text { Property } \end{array}\right\|$ |  | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1000 | Instruction | 124,416.36 | 32,226.67 |  |  |  | 60,639,08 |  |  | 217,282.11 |
| 2110 | Attendance and Social Work Services |  |  |  |  |  |  |  |  |  |
| 2120 | Guidance Services |  |  |  |  |  |  |  |  |  |
| 2190 | Other Support Services - Student |  |  |  |  |  |  |  |  |  |
| 2210 | Improvement of Instruction Services |  |  |  |  |  |  |  |  |  |
| 2220 | Library/Media Services |  |  |  |  |  |  |  |  |  |
| 2240 | Academic Student Assessment |  |  |  |  |  |  |  |  |  |
| 2310 | Board of Education Services |  |  |  |  |  |  |  |  |  |
| 2330 | State and Federal Relations Services |  |  |  |  |  |  |  |  |  |
| 2410 | Office of the Principal Services |  |  |  |  |  |  |  |  |  |
| 2540 | Planning, Research, Development, and Eval Services |  |  |  |  |  |  |  |  |  |
| 2570 | Personnel (Staff) Services |  |  |  |  |  |  |  |  |  |
| 2620 | Operation of Buildings Services |  |  |  |  |  |  |  |  |  |
| 2640 | Care and Upkeep of Equipment Services |  |  |  |  |  |  |  |  |  |
| 2660 | Security Services |  |  |  |  |  |  |  |  |  |
| 2720 | Vehicle Operation Services |  |  |  |  |  |  |  |  |  |
| 3300 | Community Services Operations |  |  |  |  |  |  |  |  |  |
| 5500 | PRIVATE, NONPROFIT SCHOOLS |  |  |  |  |  |  |  |  |  |
| 2320 | Executive Administration Services |  |  |  |  |  |  |  |  |  |
| 2560 | Information Services |  |  |  |  |  |  |  |  |  |
| 2740 | Vehicle Servicing and Maintenance Services |  |  |  |  |  |  |  |  |  |
| 2230 | Instruction-Related Technology |  |  |  |  |  |  |  |  |  |
| 2730 | Monitoring Services |  |  |  |  |  |  |  |  |  |
| 2194 | Parental Advisory |  |  |  |  |  | 2,500,00 |  |  | 2,500.00 |
| 2199 | Homeless Set Aside |  |  |  |  |  | 2,500.00 |  |  | 2,500,00 |
| 2650 | Vehicle Operation and Maintenance Services |  |  |  |  |  |  |  |  |  |
| 2530 | Printing, Publishing, and Duplicating Services |  |  |  |  |  |  |  |  |  |
| 2340 | Other General and Administrative Services |  |  |  |  |  |  |  |  |  |
| Total | Direct Costs | 124,416,36 | [32,226,67 |  |  |  | 65,639.08 |  |  | 222,282.11 |
| Appro | oved Indirect Cost $\times 3.2700 \%$ |  |  |  |  |  |  |  |  | 7,268.62 |
| Total | Budget |  |  |  |  |  |  |  |  | 229,550.73 |


| FunctionObject <br> Code | Site | Activity <br> Code |  |
| :---: | :---: | :---: | :---: |


|  |  |  |  |  | Budget |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1000 | 100 | 0000 | Instruction / Salaries | salary | \$124,416.36 | \$86,277.52 | 43138.84 | [ |
| 1000 | 200 | 0000 | Instruction / Benefits | benefit | \$32,226.67 | \$20,615.17 | 10310.43 | " |
| 1000 | 600 | 0000 | Instruction / Supplemental Instruction Materials | instructional supplies | \$60,639.08 | \$0.00 | 37650.00 | $\square$ |
| 5400 / 900 Indirect Costs Approved Rate 3.2700\% Derived Rate 3.2700\% |  |  |  |  | Sub-Total |  | \$91,099.2 |  |
|  |  |  |  |  | \$0.00 | \$0.00 | \$6,474.34 |  |
|  |  |  |  |  |  | Total | \$97,573.61 |  |

NOTE: Data displayed on this page was effective as of 8/11/2016

| Payment Tracking Number | 29-I0661608004 | Enter as MM/DD/YYYY |  |
| :---: | :---: | :---: | :---: |
| Expenditures from | $4 / 1 / 2016$ to 6/30/2016 |  |  |
| At the outset of the year, your LEA provided the following information: |  |  |  |
| DUNS \# | 621548353 |  |  |
| CCR Expiration Date | 7/6/2016 |  |  |
| New SAM Expiration Date (if required) | 5/4/2017 Click here to access SAM for Expiration Date Information |  |  |
| Note: OSDE is prohibited from making payments to LEAs whose CCR Expiration Date (which has now been replaced by the SAM Expiration Date) has passed. |  |  |  |
| For every Summary Expenditure Report in which an LEA must enter the new SAM Expiration Date, the LEA must also upload a PDF from SAM.gov which shows the LEA name, DUNS \#, and expiration date. |  |  |  |
| RECAP | Amount | Amount Paid to Date by Fund Source |  |
| Grant Award (Allocation) | \$229,545.22 |  |  |
| Approved Budget | \$229,550.73 | TitleIA | \$38,219.20 |
| Amount Paid To Date | \$106,892,69 | TitleIIA | \$68,673,49 |
| Expenses To Date | \$0.00 |  | \$106,892.69 |
| Balance Due LEA | \$0.00 | Total |  |
| Funds on Hand | \$106,892.69 |  |  |

Attach supporting PDF Browse.:- No file selected.
(Summary and Detailed Expenditure Reports are required)

[^1]All expenditure reports must be signed by the local Superintendent. If the local school board has authorized a different individual to sign expenditure reports, please upload a copy of the school board minutes that confirms the authorization of this signature.
Previously Altached Documents:
20160810_141422.pdf
20160810_141535.pdf
20160810_141651.pdf
20160810_141807.pdf
20160810_141926.pdf
20160810_142118.pdf
20160810_142258.pdf
20160810_142703.pdf
20160811_144845.pdf
20160811_151411.pdf
20160811_151724.pdf

## Payment Funding Preview

| Payment Type | Amount | Fund Stream | Reporting Category |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Program | Year | Code | Federal Aid \# |
| Payment | $\$ 97,573.61$ | TitleIA | 2016 | 16511 | 150016511YR1 |
| Tota |  | $\$ 97,573.61$ |  |  |  |

Title I P.L. 107-110
Expenditure Summary Report

| Code: 29 | l066 | Fund | 11 |
| ---: | :--- | ---: | ---: |
| County | District | FY: | 2016 |

County: HARMON
District: HOLLIS PUBLIC SCHOOLS
Project No: 511
Amount of Approved (Budgeted) Project
$\$ 229,550.73$
Name: BASIC PROG, CY
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurste and the expenditures, disbursements and cashyeceipts 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. 2 CFR 200.415


Date: 6130116
Reporting Period: Date Range :04/01/2016 TO 06/30/2016
Beginning Approved (Budgeted) Balance
\$122,658.04

| Function | Object | Function <br> Code | Object <br> Code |
| :--- | :--- | :--- | :--- |
| INSTRUCTION | Pers Svc-Salaries | 1000 | 100 |
| INSTRUCTION | Pers Svc-Empl Bfts | 1000 | 200 |
| INSTRUCTION | Supplies \& Materials | 1000 | 600 |
| INDIRECT COST ENTITLEMENT | OTHER USES OF FUNDS | 5400 | 900 |
|  |  | Total Claimed | $\$ 43,138.84$ |
|  |  | Ending Approved Balance | $\$ 37,310.43$ |
|  |  | $\$ 6,474,00$ |  |
|  |  | $\$ 25,084.43$ |  |



Reporting Period: Date Range: 04/01/2016 TO 06/30/2016

| Purchase <br> No | Order Date | No | $\begin{aligned} & \text { Warrant ----- } \\ & \text { Date } \end{aligned}$ | Function Object | $\qquad$ <br> Name |  | Amount Paid |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 50048 | 08/20/2015 | 2100 | : 06/21/2016 | 1000'231 | IRS-HARMON COUNTY TREAS. MFIC |  | \$108.95 |
| 50019 | 08/20/2015 | 1689 | 04/20/2016 | 1000-232 | IRS-HARMON COUNTY TREAS. MFIC |  | \$25.57 |
| 50025 | 08/20/2015 | 1689 | 04/20/2016 | 1000-232 | IRS-HARMON COUNTY TREAS. MFIC |  | \$17.52 ${ }^{\text {b }}$ |
| 50028 | 08/20it2015 | 1689 | . 04/20/2016 | 1000-232 | 'IRS-HARMON COUNTY TREAS. MFIC | , | \$44.49 |
| 50048 | 08/2012015 | 1689 | 04/20/2016 | 1000-232 | IRS-HARMON COUNTY TREAS. MFIC |  | \$25.48 |
| 50019 | .08/20/2015 | 1859 | 05/20/2016 | 1000-232 | IRS-HARMON COUNTY TREAS, MFIC |  | \$25.57 |
| 50025 | 08/20/2015 | 1859 | 05/20/2016 | 1000-232 | IRS-HARMON COUNTY TREAS. MFIC |  | \$17.52 |
| 50028 | 08/20/2015 | 1859 | 05/20/2016 | 1000-232 | IRS-HARMON COUNTY TREAS. MFIC | : | \$44.49 |
| 50048 | 08/20/2015 | 1859 | 05/20/2016 | 1000-232 | IRS-HARMON COUNTY TREAS. MFIC |  | \$25.48 |
| 50019 | 08/20/2015 | 2079 | 06/20/2016 | 1000-232 | IRS-HARMON COUNTY TREAS. MFIC |  | \$25.57 |
| 50025 | 08/20/2015 | 2079 | 06/20/2016 | 1000-232 | IRS-HARMON COUNTY TREAS. MFIC |  | \$17.52 |
| 50028 | 08/20/2015 | 2079 | 06/20/2016 | 1000-232 | IRS-HARMON COUNTY TREAS. MFIC |  | \$44.49 |
| 50048 | 08/20/2015 | 2079 | 06/20/2016 | 1000-232 | IRS-HARMON COUNTY TREAS. MFIC |  | \$25.48 |
| 50019 | 08/20/2015 | 2100 | 06/21/2016 | 1000-232 | IRS-HARMON COUNTY TREAS, MFIC |  | \$25.57 |
| 50025 | 08/20/2015 | 2100 | 06/21/2016 | 1000-232 | IRS-HARMON COUNTY TREAS. MFIC |  | \$17.52 |
| 50028 | 08/20/2015 | 2100 | 06/21/2016 | 1000-232 | IRS-HARMON COUNTY TREAS. MFIC |  | \$44.49 |
| 50048 | 08/20/2015 | 2100 | 06/21/2016 | 1000-232 | IRS-HARMON COUNTY TREAS. MFIC |  | \$25.48 |
| 50042 | 08/20/2015 | 1689 | 04/20/2016 | 1000-241 | IRS-HARMON COUNTY TREAS. MFIC |  | \$74.67 |
| 50045 | 08/20/2015 | 1689 | 04/20/2016 | 1000-241 | IRS-HARMON COUNTY TREAS. MFIC |  | \$59.53 |
| 50042 | 08/20/2015 | 1859 | 05/20/2016 | 1000-241 | IRS-HARMON COUNTY TREAS. MFIC |  | \$74.67 |
| 50045 | 08/20/2015 | 1859 | 05/20/2016 | 1000-241 | IRS-HARMON COUNTY TREAS. MFIC |  | \$59.53 |
| 50042 | 08/20/2015 | 2079 | 06/20/2016 | 1000-241 | IRS-HARMON COUNTY TREAS. MFIC |  | \$74.67 |
| 50045 | 08/20/2015 | 2079 | 06/20/2016 | 1000-241 | IRS-HARMON COUNTY TREAS. MFIC |  | \$59.53 |
| 50042 | 08/20/2015 | 2100 | 06/21/2016 | 1000-241 | IRS-HARMON COUNTY TREAS. MFIC |  | \$74.67 |
| 50045 | 08/20/2015 | 2100 | 06/21/2016 | 1000-241 | IRS-HARMON COUNTY TREAS. MFIC |  | \$59.53 |
| 50042 | 08/20/2015 | 1689 | 04/20/2016 | 1000-242 | IRS-HARMON COUNTY TREAS. MFIC |  | \$17.46 |
| 50045 | 08/20/2015 | 1689 | 04/20/2016 | 1000-242 | IRS-HARMON COUNTY TREAS. MFIC |  | \$13.92 |
| 50042 | 08/20/2015 | 1859 | 05/20/2016 | 1000-242 | IRS-HARMON COUNTY TREAS. MFIC |  | \$17.46 |
| 50045 | 08/20/2015 | 1859 | 05/20/2016 | 1000-242 | IRS-HARMON COUNTY TREAS. MFIC |  | \$13.92 |
| 50042 | 08/2012015 | 2079 | 06/20/2016 | 1000-242 | IRS-HARMON COUNTY TREAS, MFIC |  | \$17.46 |
| 50045 | 08/20/2015 | 2079 | 06/20/2016 | 1000-242 | IRS-HARMON COUNTY TREAS. MFIC |  | \$13.92 |
| 50042 | 08/20/2015 | 2100 | 06/21/2016 | 1000-242 | IRS-HARMON COUNTY TREAS. MFIC |  | \$17.46 |
| 50045 | 08/20/2015 | 2100 | 06/21/2016 | 1000-242 | IRS.HARMON COUNTY TREAS. MFIC |  | \$13.92 |
| 50019 | 08/20/2015 | 1692 | 04/20/2016 | 1000-252 | TEACHER RET. SYSTEM-FEDERAL |  | \$144.03 |
| 50025 | 08/20/2015 | 1692 | 04/20/2016 | 1000-252 | TEACHER RET. SYSTEM-FEDERAL |  | \$103.13 |
| 50028 | 08/20/2015 | 1692 | 04/20/2016 | 1000-252 | TEACHER RET. SYSTEM-FEDERAL |  | \$290.98 |
| 50048 | 08/20/2015 | 1692 | 04/20/2016 | 1000-252 | TEACHER RET. SYSTEM-FEDERAL |  | \$178.41 |
| 50019 | 08/20/2015 | 1862 | 05/20/2016 | 1000-252 | TEACHER RET. SYSTEM.FEDERAL |  | \$144.03 |
| 50025 | 08/20/2015 | 1862 | 05/20/2016 | 1000-252 | TEACHER RET. SYSTEM-FEDERAL. |  | \$103.13 |

County: HARMON
District: HOLLIS PUBLIC SCHOOLS
Reporting Period: Date Range : 04/01/2016 TO 06/30/2016


## August 11, 2016



Oklahoma City, Oklahoma 73105

Dear Superintendent Hofmeister,

I am writing to request payment for federal claims submitted late. We have had personnel issues in our business office this summer and it has delayed our submission of claims to the State Department.

I apologize for the inconvenience this may have caused and assure you we will do our best to keep this from happening again in the future.

Sincerely,


29-1066
P.O. Box 193

Hollis, Oklahoma 73550

# OKLAHOMA STATE DEPARTMENT OF EDUCATION 

Applicant: Application: Cycle:

29-1066 HOLLIS
2015-2016 NCLB Consolidated - 00
Summary Expenditure Report 2

Printer-Frlendly
Cilck to Return to Financial To Do List Click to Return to Organlzation Select Click to Return to Menu List / Sign Out

Summary Expenditure Report 2
Instructions

This request has been submitted. No more updates will be saved.

## Program: TitIeIIA

Click on the "Create Additional Entries" button to enter additional information.

Description of Object Codes and Function Codes

Show Budget Summary: (o) Yes No
Note: This Budget Summary displays to aid in creating and edizing the Summary Expenditure Report and will not display once the Summary Expenditure Report is submitted to the SEA.

| Code | Activity Description | 100 - <br> Salarles | $200 \text { - }$ <br> Benefits | 300 - <br> Professional Services | $400 \text { - }$ <br> Property Services | 500 - <br> Other <br> Services | $600-$ <br> Supplemental Instruction Materials | $\left\lvert\, \begin{gathered} 700- \\ \text { Property } \end{gathered}\right.$ |  | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1000 | Instruction |  |  |  |  |  |  |  |  |  |
| 2140 | Psychological Services |  |  |  |  |  |  |  |  |  |
| 2150 | Speech Pathology and Audiology Services |  |  |  |  |  |  |  |  |  |
| 2210 | Improvement of Instruction Services | 20,000.00 |  | 5,000.00 |  |  |  |  |  | 25,000.00 |
| 2330 | State and Federal Relations Services |  |  |  |  |  |  |  |  |  |
| 2540 | Planning, Research, Development, and Eval Services |  |  |  |  |  |  |  |  |  |
| 2570 | Personnel (Staff) Services | 5,000.00 |  |  |  |  |  |  |  | 5,000.00 |
| 5500 | PRIVATE, NONPROFIT SCHOOLS |  |  |  |  |  |  |  |  |  |
| 2740 | Vehicle Servicing and Maintenance Services |  |  |  |  |  |  |  |  |  |
| 2194 | Parental Advisory |  |  |  |  |  |  |  |  |  |
| 2199 | Homeless Set Aside |  |  |  |  |  |  |  |  |  |
| 2230 | Instruction-Related Technology |  |  |  |  |  |  |  |  |  |
| 2650 | Vehicle Operation and Maintenance Services |  |  |  |  |  |  |  |  |  |
| 2340 | Other General and Administrative Services |  |  |  |  |  |  |  |  |  |
| Total | Direct Costs | 25,000.00 |  | 5,000.00 |  |  |  |  |  | 30,000.00 |
| Total | Budget |  |  |  |  |  |  |  |  | 30,000.00 |



NOTE: Data displayed on this page was effective as of $8 / 11 / 2016$

| Payment Tracking Number | $29-10661608005$ |
| :--- | :--- |
| Expenditures from | $5 / 1 / 2016$ to $6 / 30 / 2016$ Enter as MM/DD/YYYY |
| At the outset of the year, your LEA provided the following information: |  |
| DUNS \# | 621548353 |


| CCR Expiration Date | 7/6/2016 |  |  |
| :---: | :---: | :---: | :---: |
| New SAM Expiration Date (if required) | 7/6/2016 | Click here to access SAM for Expiration Date Information |  |
| Note: OSDE is prohibited from making payments to LEAs whose CCR Expiration Date (which has now been replaced passed. |  |  |  |
| For every Summary Expenditure Report in which an LEA must enter the new SAM Expiration Date, the LEA must al which shows the LEA name, DUNS \#, and expiration date. |  |  |  |
| RECAP | Amount |  | Amount Paid to Date by Fund Source |
| Grant Award (Ailocation) | \$30,000.00 |  |  |
| Approved Budget | \$30,000.00 | TitleIIA | \$16,250.00 |
| Amount Paid To Date | \$16,250.00 |  | \$16,250.00 |
| Expenses To Date | \$0.00 | Total |  |
| Balance Due LEA | \$0.00 |  |  |
| Funds on Hand | \$16,250.00 |  |  |

Attach supporting PDF Browse.... No file selected.
(Summary and Detailed Expenditure Reports are required)

I Certify that, to the best of my knowledge and belief, this report is true and correct in all aspects: supporting documentation for all entries in the accounting records are on file and will be retained for five (5) years or untid the Applicant is notified that such records are no longer needed for administrative review; and the federal funds have been expended only for the purposes they were granted.

All expenditure reports must be signed by the local Superintendent. If the local school board has authorized a different individual to sign expenditure reports, please upload a copy of the school board minutes that confirms the authorization of this signature.

Previously Attached Documents:
20160811_144845.pdf
20160811_151411.pdf
20160811_151724.pdf
20160811_201408.pdf
20160811_201526.pdf
20160811_201645.pdf
Teacher Testing Stipend.pdf

Payment Funding Preview

| Payment Type | Amount | Fund Stream <br> Program | Reporting Category |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Year | Code | Federal Aid \# |
| Payment: | $\$ 4,500.00$ |  | 2016 | 16541 | 150016541 YR1 |
| Total | $\$ 4,500.00$ |  |  |  |  |

Title II

## Expenditure Summary Report

Code: 291066 Fund 11
County District FY: 2016
County: HARMON
District: HOLLIS PUBLIC SCHOOLS

Project No: 541
Amount of Approved (Budgeted) Project
$\$ 30,000,00$
Name: TEACHER AND PRIN TRAINING
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 castreceipts are for the putposes 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 penalizes for fraud, false statements, false claims or otherwise. 2 CR 200.415
$\because ?$

Signature:


Date:


ReportIng Period. Date Range : 05/01/2016 TO 06/30/2016
Beginning Approved (Budgeted) Balance


Title II
Page 1
Expenditure Detail Report
Code: 29 Fund 11
County District FY: 2016
County: HARMON
District: HOLLIS PUBLIC SCHOOLS
Project No: 541
Amount of Approved (Budgeted) Project
$\$ 30,000.00$
Name: TEACHER AND PRIN TRAINING
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

Signature:


Date:


Beginning Approved (Budgeted) Balance
$\$ 13,750,00$


| Page Total | $\$ 4,500.00$ |  |
| :--- | :--- | :--- |
|  |  |  |
|  |  | $\$ 4,500,00$ |
| Total Claimed | $\$ 9,250,00$ |  |

August 11, 2016

```
Joy Hofmeister'
StäteqSuperiṇtendent
Oliver Hodge Building
2500 North Lincoln Blvd
Oklahoma City, Oklahoma }7310
```

Dear Superintendent Hofmeister,

I am writing to request payment for federal claims submitted late. We have had personnel issues in our business office this summer and it has delayed our submission of claims to the State Department.

I apologize for the inconvenience this may have caused and assure you we will do our best to keep this from happening again in the future.

Sincerely,


29-1066
P.O. Box 193 .

Hollis, Oklahoma 73550

# OKLAHOMA STATE DEPARTMENT OF EDUCATION 

29-1066 HOLLIS
2015-2016 Migrant - 00
Summary Expenditure Report 2

Project Period: 7/1/2015-6/30/2016

Printer-Friendly
Click to Return to Financial To Do List Click to Return to Organization Select Chick to Return to Menu List / Sign Out

## Summary Expenditure Report 2

Instructions

This request has been submitted. No more updates will be saved.

## Program: TitleIC

Click on the "Create Additional Entries" button to enter additional information.
Description of Object Codes and Function Codes

Show Budget Summary: (O) Yes No
Note: This Budget Summary displays to aid in creating and editing the Summary Expenditure Report and will not display once the Summary Expenditure Report is submitted to the SEA.

| Code | Activity Description | $100-$ <br> Salaries | 200- <br> Benefits | 300 - <br> Professional Services | 400- <br> Property Services | 500- <br> Other <br> Services | $600-$ <br> Supplemental Instruction Materials | $\begin{gathered} 700- \\ \text { Property } \end{gathered}$ | $\left.\begin{gathered} 800- \\ \text { Other } \\ \text { Objects } \end{gathered} \right\rvert\,$ | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1000 | Instruction | 20,950.00 | 8,508.55 |  |  |  | 1,577,37 |  |  | 31,035.92 |
| 2130 | Health Services |  |  |  |  |  |  |  |  |  |
| 2190 | Other Support Services - Student |  |  |  |  |  |  |  |  |  |
| 2210 | Improvement of Instruction Services |  |  |  |  |  |  |  |  |  |
| 2330 | State and Federal Relations Services |  |  |  |  |  |  |  |  |  |
| 2570 | Personnel (Staff) Services |  |  |  |  |  |  |  |  |  |
| 2620 | Operation of Buildings Services |  |  |  |  |  |  |  |  |  |
| 2700 | Student Transportation Services |  |  |  |  |  |  |  |  |  |
| 3120 | Food Preparation and Dispensing Services |  |  |  |  |  |  |  |  |  |
| 3130 | Food and Supplies Delivery Services |  |  |  |  |  |  |  |  |  |
| 5500 | PRIVATE, NONPROFIT SCHOOLS |  |  |  |  |  |  |  |  |  |
| 2110 | Attendance and Social Work Services |  |  |  |  |  |  |  |  |  |
| 2640 | Care and Upkeep of Equipment Services |  |  |  |  |  |  |  |  |  |
| 3300 | Community Services Operations |  |  |  |  |  |  |  |  |  |
| 2230 | Instruction-Related Technology |  |  |  |  |  |  |  |  |  |
| 2740 | Vehicle Servicing and Maintenance Services |  |  |  |  |  |  |  |  |  |
| 2194 | Parental Advisory |  |  |  |  |  |  |  |  |  |
| 2199 | Homeless Set Aside |  |  |  |  |  |  |  |  |  |
| 2650 | Vehicle Operation and Maintenance Services |  |  |  |  |  |  |  |  |  |
| Total | Direct Costs | 20,950.00 | 8,508.55 |  |  |  | 1,577.37 |  |  | 31,035.92 |
| Appro | ved Indirect Cost $\times 3.2700 \%$ |  |  |  |  |  |  |  |  | 1,014.87 |
| Total | Budget |  |  |  |  |  |  |  |  | 32,050.79 |


| $\begin{gathered} \text { Function } \\ \text { Code } \end{gathered}$ | Object Code | Site | Activity Description |  | Expenditure Description | Final Approved Budget | Previously Requested | Expenditure Amount | Delete Row |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1000 | 100 |  | Instruction / Salaries | salary |  | \$20,950.00 | \$13,966.64 | 6983.36 | 0 |
| 1000 | 200 |  | Instruction / Benefits | benefit |  | \$8,508.55 | \$3,596.66 | 1779.30 | 1 |
| 1000 | 600 |  | Instruction / Supplemental Instruction Materials | supplies |  | \$1,577.37 | \$0.00 | 1028.99 | 0 |
|  |  |  |  |  |  |  | Sub-Total | \$9,791.65 |  |


| Function Code | Objec Code | Site | Activity Description | Expenditure Description |  | Final Approved Budget | Previously Requested | Expenditure Amount | Delete Row |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $5400 / 900$ Indirect Costs Approved Rate $3.2700 \%$ Derived Rate $3.2700 \%$ |  |  |  |  |  | \$0.00 | \$0.00 | \$894.50 |  |
| (tatal $\$ 10.686 .15$ |  |  |  |  |  |  |  |  |  |

NOTE: Data displayed on this page was effective as of $8 / 11 / 2016$

| Payment Tracking Number | $29-10661608002$ |
| :--- | :--- |
| Expenditures from | $4 / 1 / 2016$ |
| At the outset of the year, your LEA provided the following information: $6 / 30 / 2016$ |  |
| DUNS \# | 621548353 |
| CCR Expiration Date | $7 / 6 / 2016$ |
| New SAM Expiration Date (if $5 / 4 / 2017$ <br> required) Click here to access SAM for Expiration Date Information |  |

Note: OSDE is prohibited from making payments to LEAS whose CCR Expiration Date (which has now been replaced by the SAM Expiration Date) has passed.
For every Summary Expenditure Report in which an LEA must enter the new SAM Expiration Date, the LEA must also upload a PDF from SAM.gov which shows the LEA name, DUNS \#, and expiration date.

| RECAP | Amount | Amount Paid to Date by Fund Source |  |
| :--- | :--- | :--- | :--- |
| Grant Award (Allocation) | $\$ 32,050.79$ |  |  |
| Approved Budget | $\$ 32,050.79$ | TitleIC |  |
| Amount Paid To Date | $\$ 17,563.30$ | $\$ 0.00$ | Total |
| Expenses To Date | $\$ 0.00$ |  |  |
| Balance Due LEA | $\$ 17,563.30$ |  |  |
| Funds on Hand |  |  |  |

Attach supporting PDF $\quad$ Browse,, No file selected.
(Summary and Detailed Expenditure Reports are required)

> I Certify that, to the best of my knowledge and belief, this report is true and correct in all aspects: supporting documentation for all entries in the accounting records are on file and will be retained for five ( 5 ) years or until the Applicant is notified that such records are no longer needed for administrative review; and the federal funds have been expended only for the purposes they were granted.

All expenditure reports must be signed by the local Superintendent. If the local school board has authorized a different individual to sign expenditure reports, please upload a copy of the school board minutes that confirms the authorization of this signature.
Previously Attached Documents:
20160810_140119.pdf
20160810_140243.pdf
20160810_140421.pdf
20160810_140554.pdf
20160811_144845.pdf
20160811_151411.pdf
20160811_151724.pdf

Payment Funding Preview

| Payment Type | Amount | Fund Stream | Reporting Category |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Program | Year | Code | Federal Aid \# |
| Payment | $\$ 10,686,15$ | TitlerC | 2016 | 16521 | 150016521 YR1 |


| Migrant Ed ESEA Ch 1 |  |  | Page 1 |
| :--- | :--- | ---: | ---: |
| Expenditure Summary Report |  |  |  |
| Code: 29 | 1066 | Fund | 11 |
| County | District | FY: | 2016 |

County: HARMON
District: HOLLIS PUBLIC SCHOOLS
Project No: 521
Amount of Approved (Budgeted) Project
$\$ 32,050.79$
Name: PT C/MIGRANT ED
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 cashreceipts 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 that any false, fictitious, or fraudulent information or the omission of any material
penalties forfraud, false statements, false claims or otherwise. 2 CPR 200.415

Signature:


Date:


Reporting Period: Date Range : 04/01/2016 TO 06/30/2016
Beginning Approved (Budgeted) Balance

| Function | Object | Function <br> Code lect |
| :--- | :--- | :--- | :--- |
| Code |  |  |

Migrant Ed ESEA Ch 1
Expenditure Detail Report
Code: $29 \quad 1066$
County $\quad$ District
District: HOLLIS PUBLIC SCHOOLS
Amount of Approved (Budgeted) Project
?

Page 1

Fund 11
FY: 2016
County: HARMON
District: HOLLIS PUBLIC SCHOOLS
Project No: 521
Name: PT C/MIGRANT ED
$\because$ ?
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 recelpts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that ariy fatse, ficititious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penaltiestorftaud, false statements, false claims of otherwise. 2 CFR 200.415

Signature:


Chief Execumve Officer / Aluthorized Representative
Reporting Period: Date Range : 04/01/2016 TO 06/30/2016
Beginning Approved (Budgeted) Balance
$\$ 14,487.49$

| Purchase No | Order Date | No | $\begin{gathered} \text { arrant } \\ \text { Date } \end{gathered}$ | Function Object | Name | Amount Paid |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 50019 | 08/20/2015 | 1614 | 04/20/2016 | 1000-110 | DANA CARY |  |
| 50019 | 08/20/2015 | 1783 | 05/20/2016 | 1000-110 | DANA CARY | $\$ 1,745.83$ |
| 50019 | 08/20/2015 | 2004 | 06/20/2016 | 1000-110 | DANA CARY | \$1,745.83 |
| 50019 | 08/20/2015 | 2120 | 08/21/2016 | 1000-110 | DANA CARY | \$1,745.87 |
| 50019 | 08/20/2015 | 1689 | 04/20/2016 | 1000-231 | IRS-HARMON COUNTY TREAS. MFIC | \$109.36 |
| 50019 | 08/20/2015 | 1859 | 05/20/2016 | 1000-231 | IRS-HARMON COUNTY TREAS. MFIC | \$109.36 |
| 50019 | 08/20/2015 | 2079 | 08/20/2016 | 1000-231 | IRS-HARMON COUNTY TREAS. MFIC | \$109.36 |
| 50019 | 08/20/2015 | 2100 | 06/21/2016 | 1000-231 | IRS-HARMON COUNTY TREAS. MFIC | \$109.37 |
| 50019 | 08/20/2015 | 1689 | 04/20/2016 | 1000-232 | IRS-HARMON COUNTY TREAS. MFIC | \$25.58 |
| 50019 | 08/20/2015 | 1859 | 05/20/2016 | 1000-232 | IRS-HARMON COUNTY TREAS. MFIC | \$25.58 |
| 50019 | 08/20/2015 | 2079 | 06/20/2016 | 1000-232 | IRS-HARMON COUNTY TREAS, MFIC | \$25.58 |
| 50019 | 08/20/2015 | 2100 | 06/21/2016 | 1000-232 | IRS-HARMON COUNTY TREAS, MFIC | \$25.58 |
| 50019 | 08/20/2015 | 1692 | 04/20/2016 | 1000-252 | TEACHER RET. SYSTEM-FEDERAL | \$144.03 |
| 50019 | 08/20/2015 | 1862 | 05/20/2016 | 1000-252 | TEACHER RET. SYSTEM-FEDERAL | \$144.03 |
| 50019 | 08/20/2015 | 2082 | 08/20/2016 | 1000-252 | TEACHER RET. SYSTEM-FEDERAL | \$144.03 |
| 50019 | 08/20/2015 | 2103 | 06/21/2016 | 1000-252 | TEACHER RET. SYSTEM-FEDERAL | \$144.03 |
| 50019 | 08/20/2015 | 1691 | 04/20/2016 | 1000-253 | TEACHER RET. SYSTEM-FEES | \$165:85 |
| 50019 | 08/20/2015 | 1861 | 05/20/2016 | 1000-253 | TEACHER RET. SYSTEM-FEES | \$165.85 |
| 50019 | 08/20/2015 | 2081 | 06/20/2016 | 1000-253 | TEACHER RET. SYSTEM-FEES | \$165.85 |
| 50019 | 08/20/2015 | 2102 | 06/21/2016 | 1000-253 | TEACHER RET. SYSTEM-FEES | \$165.86 |
| 748 | 05/16/2016 | 1907 | 06/14/2016 | 1000-653 | NEWEGG INC, | \$1,028.99 |
|  |  |  |  | 5400-970 | INDIRECT COST | \$894.50 |


| Page Total | $\$ 10,686.15$ |
| :--- | ---: |
| Total Claimed | $\$ 10,686.15$ |
| Ending Approved Balance | $\$ 3,801.34$ |

# MILBURN PUBLIC SCHOOLS 

August 15, 2016
Oklahoma State Board of Education
coo Oklahoma State Department of Education
Oliver Hodge Building
2500 North Lincoln Boulevard
Oklahoma City, OK 73105

## Honorable Board,

The Program 586 April/May reimbursement claims were shown to be sent in after the August $1^{\text {st }}$ deadline. However, the original claim was filed prior to the June/July claim in May. The April/May claim was rehired for corrections and the June/July claim was paid. When we began to correct the Apri//May claim, it was inadvertently deleted and new claim was made in its place after August $1^{\text {si }}$.

Please understand that the money was originally claimed before the deadline, but in effort to make corrections the date was changed to after August $1^{8 t}$.


Joey McBride, Superintendent Milium Public Schools

# OKLAHOMA STATE DEPARTMENT OF EDUCATION 

Applicant:
Application: Cycle:

35-1029 MILBURN
2015-2016 NCL8 Consolidated - 00
Summary Expenditure Report 6

## Summary Expenditure Report 6

This request has been submitted. No more updates will be saved.

## Program: TitleVIREAPFLEX

Click on the "Create Additional Entries" button to enter additional information.
Description of Object Codes and Function Codes

Show Budget Summary: Yes No
Note: This Budget Summary displays to aid in creating and editing the Summary Expenditure Report and will not display once the Summary Expenditure Report is submitted to the SEA.

| Code | Activity Description | $\begin{gathered} 100- \\ \text { Salaries } \end{gathered}$ | $200 \text { - }$ Benefits | 300- <br> Professional Services | $\left\|\begin{array}{c} 400- \\ \text { Property } \\ \text { Services } \end{array}\right\|$ |  | 600 - <br> Suppiemental Instruction Materials | $\left\|\begin{array}{c} 700- \\ \text { Property } \end{array}\right\|$ |  | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1000 | Instruction | 6,568.00 | 1,500.00 |  |  |  | 4,528.43 |  |  | 12,596.43 |
| 2110 | Attendance and Soclal Work Services |  |  |  |  |  |  |  |  |  |
| 2120 | Guidance Services |  |  |  |  |  |  |  |  |  |
| 2130 | Health Services |  |  |  |  |  |  |  |  |  |
| 2190 | Other Support Services - Student |  |  |  |  |  |  |  |  |  |
| 2210 | Improvement of Instruction Services |  |  |  |  |  |  |  |  |  |
| 2220 | Library/Media Services |  |  |  |  |  |  |  |  |  |
| 2230 | Instruction-Related Technoiogy |  |  |  |  |  |  |  |  |  |
| 2240 | Academic Student Assessment |  |  |  |  |  |  |  |  |  |
| 2330 | State and Federal Relations Services |  |  |  |  |  |  |  |  |  |
| 2410 | Office of the Principal Services |  |  |  |  |  |  |  |  |  |
| 2520 | Purchasing, Warehousing, and Distributing Services |  |  |  |  |  |  |  |  |  |
| 2540 | Planning, Research, Development, and Eval Services |  |  |  |  |  |  |  |  |  |
| 2560 | Information Services |  |  |  |  |  |  |  |  |  |
| 2570 | Personnel (Staff) Services |  |  |  |  |  |  |  |  |  |
| 2580 | Administrative Technology Services |  |  |  |  |  |  |  |  |  |
| 2620 | Operation of Buildings Services |  |  |  |  |  |  |  |  |  |
| 2660 | Security Services |  |  |  |  |  |  |  |  |  |
| 2720 | Vehicle Operation Services |  |  |  |  |  |  |  |  |  |
| 5500 | PRIVATE, NONPROFIT SCHOOLS |  |  |  |  |  |  |  |  |  |
| 2740 | Vehicle Servicing and Majntenance Services |  |  |  |  |  |  |  |  |  |
| 2194 | Parental Advisory |  |  |  |  |  |  |  |  |  |
| 2199 | Homeless Set Aside |  |  |  |  |  |  |  |  |  |
| 2640 | Care and Upkeep of Equipment Services |  |  |  |  |  |  |  |  |  |
| 2650 | Vehicle Operation and Maintenance Services |  |  |  |  |  |  |  |  |  |
| Total | Direct Costs | 6,568.00 | 1,500.00 |  |  |  | 4,528.43 |  |  | 12,596.43 |
| Appro | oved Indirect Cost $\times 4.5700 \%$ |  |  |  |  |  |  |  |  | 575.66 |
| Total | Budget |  |  |  |  |  |  |  |  | 13,172.09 |


| Function Object <br> Code <br> Code | Site | Activity <br> Description | Expenditure Description | Final <br> Approved <br> Budget | Previously <br> Requested | Expenditure <br> Amount | Delete <br> Row |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1000 | 100 |  | Instruction $/$ <br> Salaries | Salaries for Sandra Rodriguez | $\$ 6,568.00$ | $\$ 5,472.90$ |  |


| Functior Code | Objec: Code | Site | Activity Description | Expenditure Description |  |  | Final <br> Approved <br> Budget | Previously Requested | Expenditure Amount | $\left\|\begin{array}{r} \text { Delete } \\ \text { Row } \end{array}\right\|$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1000 | 200 |  | Instruction / Benefits | Salary benefits for Sandra Rodriguez |  |  | \$1,500.00 | \$418.70 | 83.74 | [ ${ }^{3}$ |
| Sub-Total |  |  |  |  |  |  |  |  | \$1,178.32 |  |
| $5400 / 900$ Indirect Costs Approved Rate 4.5700\% Derived Rate 4.5700\% |  |  |  |  |  |  | \$0.00 | $\$ 0.00$ | \$53.85 |  |
| Total |  |  |  |  |  |  |  |  | \$1,232.17 |  |

NOTE: Data displayed on this page was effective as of $8 / 15 / 2016$

| Payment Tracking Number | 35-I0291608001 |  | Enter as MM/DD/YYYY |
| :---: | :---: | :---: | :---: |
| Expenditures from | 4/1/2016 | to 5/31/2016 |  |
| At the outset of the year, your LEA provided the following information: |  |  |  |
| DUNS \# | 835605494 |  |  |
| CCR Expiration Date | 2/3/2016 |  |  |
| New SAM Expiration Date (if required) | 1/18/2017 | Click here to | S SAM for Expiration Date Information |

Note: OSDE is prohibited from making payments to LEAS whose CCR Expiration Date (which has now been replaced by the SAM Expiration Date) has passed.
For every Summary Expenditure Report in which an LEA must enter the new SAM Expiration Date, the LEA must also upload a PDF from SAM.gov which shows the LEA name, DUNS \#, and expiration date.

| RECAP | Amount | Amount Paid to Date by Fund Source |  |
| :--- | :--- | :--- | :--- |
| Grant Award (Allocation) | $\$ 13,172.09$ |  |  |
| Approved Budget | $\$ 13,172.09$ | TitleIIA | $\$ 6,200.50$ |
| Amount Paid To Date | $\$ 6,200.50$ | Total | $\$ 6,200.50$ |
| Expenses To Date | $\$ 0.00$ |  |  |
| Balance Due LEA | $\$ 0.00$ |  |  |
| Funds on Hand | $\$ 6,200.50$ |  |  |

Attach supporting PDF Browse, No file selected.
(Summary and Detailed Expenditure Reports are required)

I Certify that, to the best of my knowledge and belief, this report is true and correct in all aspects: supporting documentation for all entries in the accounting records are on file and will be retained for five (5) years or until the Applicant is notified that such records are no longer needed for administrative review; and the federal funds have been expended only for the purposes they were granted.

All expenditure reports must be signed by the local Superintendent. If the local school board has authorized a different individual to sign expenditure reports, please upload a copy of the school board minutes that confirms the authorization of this signature.

Previously Attached Documents:
FY16 042016 Project586 1029 MILBURN.pdf
Letter of intent project 586.pdf
Reap Flex 04-01-2016-05-31-2016.pdf


## Payment Funding Preview

| Payment Type | Amount | Fund Stream | Reporting Category |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Year | Code | Federal Aid \# |
| Payment | $\$ 1,232.17$ |  | 2016 | 16541 | 150016541 YR1 |
| Total | $\$ 1,232.17$ |  |  |  |  |

## T6-PART B, REAP

SUMMARY EXPENDITURE REPORT

| CODE: | 35 | 1029 |
| :---: | :---: | :---: |
| Counly | District |  |
| District: | MILBURN | PUBLIC SCHOOLS |

Fund: 11
FY 2010 Fiscal Year Budgeted
Project
Amount of Approved (budgeted) Project
13,172.09
No: 586
Name T6-PART B, REAP
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 purpose and objectives sel forth in the terms and conditions of the federal award. I am aware that false, ficillious, or fraudulent information or the omission of any materiat fact, may subject me to criminal, civll or adminlstrative penalies for fraud, false statements, false claims or otherwise. 2 CFR 200.416

|  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Signature <br> (Chuef Expcdive Officer/Authorized Representative) <br> Reporting Perlod 04/01/2016 thru 05/31/2016 |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Beginning Approved (budgeted) Batance |  |  |  | 8,202.93 |
| Function Descripition | Object Description | $\begin{aligned} & \text { Func } \\ & \text { Code } \end{aligned}$ | Object Code | $\begin{gathered} \text { Site } \\ \text { Code } \end{gathered}$ | Amount Pald |
| INSTRUCTION | Pers Svc-Salarles | 1000 | 100 | 105 | 1,094.58 |
| INSTRUCTION | Pers Svc-Empl Bfts | 1000 | 200 | 105 | 83.74 |
| INDIR COST ENT-F\&CNP | Oth Uses of Funds | 5400 | 900 |  | 53.85 |
| Total (of all pages) |  |  |  |  | 1,232.17 |
| ENDING APPROVED BALANCE |  |  |  |  | 6,970.76 |

DETAILED EXPENDITURE REPORT

|  | 35 | 1029 |
| :---: | :---: | :---: |
|  | COUnty | District |

Fund: 11
FY 2016
Fiscal Year Budgeted 13,172.09
Project
Amount of Approved (budgeted) Project
Name T6-PART B, REAP
By signing this report, I certify to the best of my knowledge and bellef that the report is true, complete and accurate and the expendilures, disbursements and cash receipts are for the purpose and objectives sel forth in the terms and condilions of the federal award. I am aware that false, fictitious, or fraudutenl Information or the omission of any material fact, may subject me to criminal, civil or administratlve penalties for fraud, false statements, false claims or otherwise. 2 CFR 200.415


Reporting Perlod 04/01/2016 thru 05/31/2016

| PoNo | Date of P.O. | Warrant No. | Date Paid ( $\mathrm{mm} / \mathrm{dd} / \mathrm{y}$ ) | Func-Object Site Code | Person or Vendor | Amount Pald |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 70010 | 08/06/15 | 817 | 04/19/16 | 1000-120-105 | RODRIGUEZ, SANDRAL | 547.29 |
| 70010 | 08/06/15 | 891 | 05/17/16 | 1000-120-105 | RODRIGUEZ, SANDRAL | 547.29 |
| 70010 | 08/06/15 | 847 | 04/19/16 | 1000-241-105 | M-MILBURN PUBLIC SCHOOLS | 7.94 |
| 70010 | 08/06/15 | 848 | 04/19/16 | 1000-241-105 | S-MILEURN PUBLIC SCHOOLS | 33.93 |
| 70010 | 08/08/15 | 921 | 05/17/16 | 1000-241-105 | M-MILBURN PUBLIC SCHOOLS | 7.94 |
| 70010 | 08/08/15 | 922 | 05/17/16 | 1000-241-105 | S-MILEURN PUBLIC SCHOOLS | 33.93 |
|  |  |  |  | 5400-970 | INDIRECT COST | 53.85 |
|  |  |  |  |  | Project-Reporting Total | 1,232.17 |



BRENT KOONTZ
Superintendent
TOM BETCHAN High School Princlpal

LARRY COONROD
Elementary Principal

To Whom It May Concern,
August 16, 2016

It was brought to our attention today that Pioneer Pleasant Vale Schools have made a claim's omission regarding the 2015-2016 school year. Therefore, we are submitting a late claim to correct our mistake and ask that you accept our claim. Our claims department mistakenly omitted claims of $\$ 45,000.00$ last year by believing that the claims in question had already been submitted. We are very sorry for this omission and are in the process of identifying the processing error so this does not happen again.

Please let me know if you need anything else from me. I can be reached at 580-758-3282. Again, please accept our late claim and our apologies.

Sincerely,


Brent Koontz
Superintendent
Pioneer Pleasant Vale Schools

OKlahoma state department of education

## Applicant: Application: Cycle:

24-1056 PIONEER-PLEASANT VALE
2015-2016 NCLB Consolidated - 00
Summary Expenditure Report 18

Printer-Friendly
Click to Return to Financial To Do List Click to Return to Organization Select Click to Return to Menu List / Sign Out

Summary Expenditure Report 18
Instructions

This request has been submitted. No more updates will be saved.

## Program: TitleIA

Click on the "Create Additional Entries" button to enter additional information.
Description of Object Codes and Function Codes

Show Budget Summary: (©) Yes No
Note: This Budget Summary displays to aid in creating and editing the Summary Expenditure Report and will not display once the Summary Expenditure Report is submitted to the SEA.

| Code | Activity Description | $100-$ <br> Salaries | $\left\|\begin{array}{c} 200- \\ \text { Benefits } \end{array}\right\|$ | 300 - <br> Professional Services | 400Property Services | 500 - <br> Other <br> Services | 600 - <br> Supplemental Instruction Materials | $\left\lvert\, \begin{gathered} 700 ~ \\ \text { Property } \end{gathered}\right.$ |  | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1000 | Instruction | 74,525.73 |  |  |  |  | 18,212.50 |  |  | 92,738.23 |
| 2110 | Attendance and Social Work Services |  |  |  |  |  |  |  |  |  |
| 2120 | Gufidance Services |  |  |  |  |  |  |  |  |  |
| 2190 | Other Support Services - Student |  |  |  |  |  |  |  |  |  |
| 2210 | Improvement of Instruction Services |  |  |  |  |  |  |  |  |  |
| 2220 | Library/Media Services |  |  |  |  |  |  |  |  |  |
| 2240 | Academic Student Assessment |  |  |  |  |  |  |  |  |  |
| 2310 | Board of Education Services |  |  |  |  |  |  |  |  |  |
| 2330 | State and Federal Relations Services |  |  | 4,410.00 |  |  |  |  |  | 4,410.00 |
| 2410 | Office of the Principal Services |  |  |  |  |  |  |  |  |  |
| 2540 | Planning, Research, Development, and Eval Services |  |  |  |  |  |  |  |  |  |
| 2570 | Personnel (Staff) Services |  |  |  |  |  |  |  |  |  |
| 2620 | Operation of Buildings Services |  |  |  |  |  |  |  |  |  |
| 2640 | Care and Upkeep of Equipment Services |  |  |  |  |  |  |  |  |  |
| 2660 | Security Services |  |  |  |  |  |  |  |  |  |
| 2720 | Vehicle Operation Services |  |  |  |  |  |  |  |  |  |
| 3300 | Community Services Operations |  |  |  |  |  |  |  |  |  |
| 5500 | PRIVATE, NONPROFIT SCHOOLS |  |  |  |  |  |  |  |  |  |
| 2320 | Executive Administration Services |  |  |  |  |  |  |  |  |  |
| 2560 | Information Services |  |  |  |  |  |  |  |  |  |
| 2740 | Vehicle Servicing and Maintenance Services |  |  |  |  |  |  |  |  |  |
| 2230 | Instruction-Related Technology |  |  |  |  |  |  |  |  |  |
| 2730 | Monitoring Services |  |  |  |  |  |  |  |  |  |
| 2194 | Parental Advisory |  |  |  |  |  |  |  |  |  |
| 2199 | Homeless Set Aside |  |  |  |  |  | 981.29 |  |  | 981.29 |
| 2650 | Vehicle Operation and Maintenance Services |  |  |  |  |  |  |  |  |  |
| 2530 | Printing, Publishing, and Duplicating Services |  |  |  |  |  |  |  |  |  |
| 2340 | Other General and Administrative Services |  |  |  |  |  |  |  |  |  |
| Total | Direct Costs | 74,525.73 |  | 4,410.00 |  |  | 19,193.79 |  |  | 98,129.52 |
| Total | Budget |  |  |  |  |  |  |  |  | 98,129.52 |

Function Object
Code
Activity $\quad$ Expenditure Description

$\left.$| Final | Previously |
| :---: | :---: | :---: | :---: |
| Approved | Requested | | Expenditure |
| :---: |
| Amount | \right\rvert\, | Delete |
| :---: |
| Row | Approved|Requested Amount Row



NOTE: Data displayed on this page was effective as of $8 / 16 / 2016$

| Payment Tracking Number | 24-10561608004 |  |
| :---: | :---: | :---: |
| Expenditures from | 6/1/2016 to 6/30/2016 | Enter as MM/DD/YYYY |
| At the outset of the year, your LEA provided the following information: |  |  |
| DUNS \# | 100668052 |  |
| CCR Expiration Date | 9/20/2016 |  |
| New SAM Expiration Date (If required) | Click here to | SAM for Expiration D |
| Note: OSDE is prohibited from making payments to LEAs whose CCR Expiration Date (which has now been replaced by the SAM Expiration Date) has passed. |  |  |
| For every Summary Expendit which shows the LEA name, | ort in which an LEA must ente and expiration date. | w SAM Expiration Dat |


| RECAP | Amount | Amount Paid to Date by Fund Source |  |
| :--- | :--- | :--- | :--- |
| Grant Award (Allocation) | $\$ 98,129.52$ |  |  |
| Approved Budget | $\$ 98,129.52$ | TitleIA |  |
| Amount Paid To Date | $\$ 52,174.10$ | Total | $\$ 52,174.10$ |
| Expenses To Date | $\$ 0.00$ |  |  |
| Balance Due LEA | $\$ 0.00$ |  |  |
| Funds on Hand | $\$ 52,174.10$ |  |  |

Attach supporting PDF Browse., No file selected.
(Summary and Detailed Expenditure Reports are required)

I Certify that, to the best of my knowledge and belief, this report is true and correct in all aspects: supporting documentation for all entries in the accounting records are on file and will be retained for five (5) years or until the Applicant is notified that such records are no longer needed for administrative review; and the federal funds have been expended only for the purposes they were granted.

All expenditure reports must be signed by the local Superintendent. If the local school board has authorized a different individual to sign expenditure reports, please upload a copy of the school board minutes that confirms the authorization of this signature.

> Previously Attached Documents:
> June 2016511 Report Revised.pdf
> June 2016511 Report.pdf

## Payment Funding Preview

| Payment Type | Amount | Fund Stream <br> Program | Reporting Category |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | 2016 | 16511 | Code |
|  | $\$ 735.00$ |  |  |  |  |

T1-PART A, BASIC SUMMARY EXPENDITURE REPORT

County: GARFIEL.D

| CODE: | 24 | 1056 |
| :---: | :---: | :---: |
|  | County | District |

Project
District: PIONEER-PLEASANT VALE SCH
Fund: 11
FY 2016

No: 511
Amount of Approved (budgeted) Project
Name T1-PART A, BASIC
By signing this report, I certify to the best of my knowledge and belief that the tepori is true, complete and accurate and the expenditures, disbursements and cash receipls are for the purpose and objectives set forth in the terms and conditions of the federal award. I am aware that 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. 2 CFR 200.415


Reporting Period 06/01/2016 thru 06/30/2016
Beginning Approved (budgeted) Balance
$8,130.38$

| Function Description | Object Description |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  |  | Func | Object | Site |
| ST/FED SPEC ADMIN | Curch Prof \& Tech Sv | Code | Code | Amount |
| Paid |  |  |  |  |




## Pioneer Pleasant Vale School, Dist. 1-56

High School -- 6520 E. Wood Rd.
BRENT KOONTZ
Waukomis, Oklahoma 73773
(580) 758-3282

TOM BETCHAN High School Principal

Elementary - 6020 E. Willow
LARRY COONROD
Enid, Oklahoma 73701
(580) 234-9628

To Whom It May Concern,
August 16, 2016

It was brought to our attention today that Pioneer Pleasant Vale Schools have made a claim's omission regarding the 2015-2016 school year. Therefore, we are submitting a late claim to correct our mistake and ask that you accept our claim. Our claims department mistakenly omitted claims of $\$ 45,000.00$ last year by believing that the claims in question had already been submitted. We are very sorry for this omission and are in the process of identifying the processing error so this does not happen again.

Please let me know if you need anything else from me. I can be reached at 580-758-3282. Again, please accept our late claim and our apologies.

Sincerely,


Brent Koontz
Superintendent
Pioneer Pleasant Vale Schools

# OKLAHOMA STATE DEPARTMENT OF EDUCATION 

## Applicant: Application:

 Cycle:24-IO56 PIONEER-PLEASANT VALE
2015-2016 NCLB Consolidated - 00
Summary Expenditure Report 15

## Summary Expenditure Report 15

This request has been submitted. No more updates will be saved.

## Program: TitleIA

Click on the "Create Additional Entries" button to enter additional information.

Description of Object Codes and Function Codes

Show Budget Summary: Yes No
Note: This Budget Summary displays to aid in creating and editing the Summary Expenditure Report and will not display once the Summary Expenditure Report is submitted to the SEA.

| Code | Activity Description | $100-$ <br> Salaries | $\left\|\begin{array}{c\|} 200- \\ \text { Benefits } \end{array}\right\|$ | $\begin{gathered} 300- \\ \text { Professional } \\ \text { Services } \end{gathered}$ | 400-- <br> Services | 500 <br> Other <br> Services | 600 - <br> Supplemental Instruction Materials | 700 Property |  | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1000 | Instruction | 74,525.73 |  |  |  |  | 18,212.50 |  |  | 92,738.23 |
| 2110 | Attendance and Social Work Services |  |  |  |  |  |  |  |  |  |
| 2120 | Guidance Services |  |  |  |  |  |  |  |  |  |
| 2190 | Other Support Services - Student |  |  |  |  |  |  |  |  |  |
| 2210 | Improvement of Instruction Services |  |  |  |  |  |  |  |  |  |
| 2220 | Library/Media Services |  |  |  |  |  |  |  |  |  |
| 2240 | Academic Student Assessment |  |  |  |  |  |  |  |  |  |
| 2310 | Board of Education Services |  |  |  |  |  |  |  |  |  |
| 2330 | State and Federal Relations Services |  |  | 4,410,00 |  |  |  |  |  | 4,410.00 |
| 2410 | Office of the Principal Services |  |  |  |  |  |  |  |  |  |
| 2540 | Planning, Research, Development, and Eval Services |  |  |  |  |  |  |  |  |  |
| 2570 | Personnel (Staff) Services |  |  |  |  |  |  |  |  |  |
| 2620 | Operation of Buildings Services |  |  |  |  |  |  |  |  |  |
| 2640 | Care and Upkeep of Equipment Services |  |  |  |  |  |  |  |  |  |
| 2660 | Security Services |  |  |  |  |  |  |  |  |  |
| 2720 | Vehicle Operation Services |  |  |  |  |  |  |  |  |  |
| 3300 | Community Services Operations |  |  |  |  |  |  |  |  |  |
| 5500 | PRIVATE, NONPROFIT SCHOOLS |  |  |  |  |  |  |  |  |  |
| 2320 | Executive Administration Services |  |  |  |  |  |  |  |  |  |
| 2560 | Information Services |  |  |  |  |  |  |  |  |  |
| 2740 | Vehicle Servicing and Maintenance Services |  |  |  |  |  |  |  |  |  |
| 2230 | Instruction-Related Technology |  |  |  |  |  |  |  |  |  |
| 2730 | Monitoring Services |  |  |  |  |  |  |  |  |  |
| 2194 | Parental Advisory |  |  |  |  |  |  |  |  |  |
| 2199 | Homeless Set Aside |  |  |  |  |  | 981.29 |  |  | 981.29 |
| 2650 | Vehicle Operation and Maintenance Services |  |  |  |  |  |  |  |  |  |
| 2530 | Printing, Publishing, and Duplicating Services |  |  |  |  |  |  |  |  |  |
| 2340 | Other General and Administrative Services |  |  |  |  |  |  |  |  |  |
| Total | Direct Costs | 74,525.73 |  | 4,410.00 |  |  | 19,193.79 |  |  | 98,129.52 |
| Total | Budget |  |  |  |  |  |  |  |  | 98,129.52 |


| Function | Object <br> Code | Site | Activity <br> Code |
| :---: | :---: | :---: | :---: |
| Description |  |  |  |


| Function Code | Object Code | Site | Activity Description | Expenditure Description | Final Approved Budget | Previously Requested | Expenditure Amount | Delete Row |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1000 | 100 | 0105 | Instruction / Salaries | PERS SVC-SALARIES | \$74,525.73 | \$49,234,10 | 4802,09 | $\square$ |
|  |  |  |  |  | Sub-Total |  | \$4,802.09 |  |
| 5400 / 900 Indirect Costs Approved Rate $1.8100 \%$ Derived Rate $0.0000 \%$ |  |  |  |  | \$0.0d | \$0.00 | \$0.00 |  |
|  |  |  |  |  |  | Total | \$4,802.09 |  |

NOTE: Data displayed on this page was effective as of $8 / 16 / 2016$

| Payment Tracking Number <br> Expenditures from | 24-10561608001 |  | Enter as MM/DD/YYYY |
| :---: | :---: | :---: | :---: |
|  | 9/1/2015 | to 9/30/2015 |  |
| At the outset of the year, your LEA provided the following information: |  |  |  |
| DUNS \# | 100668052 |  |  |
| CCR Expiration Date | 9/20/2016 |  |  |
| New SAM Expiration Date (if required) |  | Click here to | S SAM for Expiration Da |

Note: OSDE is prohibited from making payments to LEAS whose CCR Expiration Date (which has now been replaced by the SAM Expiration Date) has passed.
For every Summary Expenditure Report in which an LEA must enter the new SAM Expiration Date, the LEA must also upload a PDF from SAM.gov which shows the LEA name, DUNS \#, and expiration date,

| RECAP | Amount | Amount Paid to Date by Fund Source |  |
| :--- | :--- | :--- | :--- |
| Grant Award (Allocation) | $\$ 98,129.52$ |  |  |
| Approved Budget | $\$ 98,129.52$ | TitleIA |  |
| Amount Pald To Date | $\$ 52,174.10$ | Total | $\$ 52,174.10$ |
| Expenses To Date | $\$ 0.00$ |  |  |
| Balance Due LEA | $\$ 0.00$ |  |  |
| Funds on Hand | $\$ 52,174.10$ |  |  |

Actach supporting PDF Browse,. . No file selected.
(Summary and Detailed Expenditure Reports are required)

I Certify that, to the best of my knowiedge and belief, this report is true and correct in all aspects: supporting documentation for all entries in the accounting records are on file and will be retained for five (5) years or until the Applicant is notified that such records are no longer needed for administrative review; and the federal funds have been expended only for the purposes they were granted.

All expenditure reports must be signed by the local Superintendent. If the local school board has authorized a different individual to sign expenditure reports, please upload a copy of the school board minutes that confirms the authorization of this signature.

Previously Attached Documents:
Sept 2015511 report revised 8-16-16.pdf


Payment Funding Preview

| Payment Type | Amount | Fund Stream | Reporting Category |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Program | Year | Code | Federal Aid \# |  |
| Payment | $\$ 4,802.09$ | TitleIA | 2016 | 16511 | 150016511 YR1 |
|  | Total | $\$ 4,802.09$ |  |  |  |




## OKLAHOMA STATE DEPARTMENT OF EDUCATION

Applicant: Application: Cycle:

24-I056 PIONEER-PLEASANT VALE
2015-2016 NCLB Consolidated - 00 Summary Expenditure Report 16

Printer-Friendly
Click to Return to Financial To Do List Click to Return to Organization Select Click to Return to Menu List / Sign Out

Summary Expenditure Report 16

Instructions

This request has been submitted. No more updates will be saved.

## Program: TitieIA

Click on the "Create Additional Entries" button to enter additional information.
Description of Object Codes and Function Codes

Show Budget Summary: (3) Yes No
Note: This Budget Summary displays to aid in creating and editing the Summary Expenditure Report and will not display once the Summary Expenditure Report is submitted to the SEA.

| Code | Activity Description | 100 - <br> Salaries | $\begin{gathered} 200- \\ \text { Benefits } \end{gathered}$ | 300 - <br> Professiona Services | 400 - <br> Property Services | 500 - <br> Services | 600 - <br> Supplemental Instruction Materials | $\left\lvert\, \begin{gathered} 700- \\ \text { Property } \end{gathered}\right.$ |  | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1000 | Instruction | 744,525.73 |  |  |  |  | 18,212.50 |  |  | 92,738.23 |
| 2110 | Attendance and Social Work Services |  |  |  |  |  |  |  |  |  |
| 2120 | Guidance Services |  |  |  |  |  |  |  |  |  |
| 2190 | Other Support Services - Student |  |  |  |  |  |  |  |  |  |
| 2210 | Improvement of Instruction Services |  |  |  |  |  |  |  |  |  |
| 2220 | Library/Media Services |  |  |  |  |  |  |  |  |  |
| 2240 | Academic Student Assessment |  |  |  |  |  |  |  |  |  |
| 2310 | Board of Education Services |  |  |  |  |  |  |  |  |  |
| 2330 | State and Federal Relations Services |  |  | 4,410.00 |  |  |  |  |  | 4,410.00 |
| 2410 | Office of the Principal Services |  |  |  |  |  |  |  |  |  |
| 2540 | Planning, Research, Development, and Eval Services |  |  |  |  |  |  |  |  |  |
| 2570 | Personnel (Staff) Services |  |  |  |  |  |  |  |  |  |
| 2620 | Operation of Buildings Services |  |  |  |  |  |  |  |  |  |
| 2640 | Care and Upkeep of Equipment Services |  |  |  |  |  |  |  |  |  |
| 2660 | Security Services |  |  |  |  |  |  |  |  |  |
| 2720 | Vehicle Operation Services |  |  |  |  |  |  |  |  |  |
| 3300 | Community Services Operations |  |  |  |  |  |  |  |  |  |
| 5500 | PRIVATE, NONPROFIT SCHOOLS |  |  |  |  |  |  |  |  |  |
| 2320 | Executive Administration Services |  |  |  |  |  |  |  |  |  |
| 2560 | Information Services |  |  |  |  |  |  |  |  |  |
| 2740 | Vehicle Servicing and Maintenance Services |  |  |  |  |  |  |  |  |  |
| 2230 | Instruction-Related Technology |  |  |  |  |  |  |  |  |  |
| 2730 | Monitoring Services |  |  |  |  |  |  |  |  |  |
| 2194 | Parental Advisory |  |  |  |  |  |  |  |  |  |
| 2199 | Homeless Set Aside |  |  |  |  |  | 981.29 |  |  | 981.29 |
| 2650 | Vehicle Operation and Maintenance Services |  |  |  |  |  |  |  |  |  |
| 2530 | Printing, Publishing, and Duplicating Services |  |  |  |  |  |  |  |  |  |
| 2340 | Other General and Administrative Services |  |  |  |  |  |  |  |  |  |
| Total | Direct Costs | 74,525.73 |  | 4,410.00 |  |  | 19,193.79 |  |  | 98,129.52 |
| Total | Budget |  |  |  |  |  |  |  |  | 98,129.52 |


| FunctionObject <br> Code <br> Code | Site | Activity <br> Description | Expenditure Description | Final <br> Approved <br> Budget | Previously <br> Requested | Expenditure <br> Amount | Delete <br> Row |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |


| Function Code | Objec Code | Site | Activity Description | Expenditure Description | Final Approved Budget | Previously Requested | Expenditure Amount | Delete Row |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1000 | 100 | 0105 | Instruction / Salaries | PERS SVC-SALARIES | \$74,525.73 | \$49,234.10 | 4802.09 | $\square$ |
| 2330 | 300 | 0000 | State and Federal Relations Services / Professional Services | PURCH PROF \& TECH SV | \$4,410.00 | \$2,940.00 | 367.50 | [] |
|  |  |  |  |  |  | Sub-Total | \$5,169.59 |  |
| 5400 / 900 Indirect Costs Approved Rate $1.8100 \%$ Derived Rate 0.0000\%\% |  |  |  |  | \$0.00 | \$0.00 | \$0.00 |  |
|  |  |  |  |  |  | Total | \$5,169.59 |  |

NOTE: Data displayed on this page was effective as of 8/16/2016

| Payment Tracking Number | 24-I0561608002 |  | Enter as MM/DD/MYY |
| :---: | :---: | :---: | :---: |
| Expenditures from | 4/1/2016 | to 4/30/2016 |  |
| At the outset of the year, your LEA provided the following information: |  |  |  |
| DUNS \# | 100668052 |  |  |
| CCR Expiration Date | 9/20/2016 |  |  |
| New SAM Expiration Date (if required) |  | Click here to | S SAM for Expiration D |

Note: OSDE is prohibited from making payments to LEAs whose CCR Expiration Date (which has now been replaced by the SAM Expiration Date) has passed.
For every Summary Expenditure Report in which an LEA must enter the new SAM Expiration Date, the LEA must also upload a PDF from SAM.gov which shows the LEA name, DUNS \#, and expiration date.

| RECAP | Amount | Amount Paid to Date by Fund Source |  |
| :--- | :--- | :--- | :--- |
| Grant Award (Allocation) | $\$ 98,129.52$ |  |  |
| Approved Budget | $\$ 98,129.52$ | TitleIA |  |
| Amount Paid To Date | $\$ 52,174.10$ | Total | $\$ 52,174,10$ |
| Expenses To Date | $\$ 0.00$ |  |  |
| Balance Due LEA | $\$ 0.00$ |  |  |
| Funds on Hand | $\$ 52,174.10$ |  |  |


| Attach supporting PDF | Browse.:. |
| :--- | :--- | No file selected.

(Summary and Detalled Expenditure Reports are required)

I Certify that, to the best of my knowledge and belief, this report is true and correct in all aspects: supporting documentation for all entries in the accounting records are on file and will be retained for five (5) years or until the Applicant is notified that such records are no longer needed for administrative review; and the federal funds have been expended only for the purposes they were granted.

All expenditure reports must be signed by the local Superintendent. If the local school board has authorized a different individual to sign expenditure reports, please upload a copy of the school board minutes that confirms the authorization of this signature.

Previously Attached Documents:
April 2016511 Report Revised.pdf
April 2016511 Report.pdf

Payment Funding Preview

| Payment Type | Amount | Fund Stream <br> Program | Reporting Category |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Code | Federal Aid \# |  |
| Payment | $\$ 5,169.59$ |  | 2016 | 16511 | 150016511YR1 |

T1-PART A, BASIC
SUMMARY EXPENDITURE REPORT

| CODE: | 24 | 1056 |
| :---: | :---: | :---: |
| County | District | Fund: 11 |
| District: PIONEER-PLEASANT VALE SCH | FY 2016 |  |

Project
No: 511
Name T1-PART A, BASIC

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 recelpts are for the purpose and objectives set forth in the terms and conditions of the federal award. I am aware that false, fictillous, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false clalms or otherwise. 2 CFR 200.415


Reporting Period 04/01/2016 thru 04/30/2016

|  | Beginning Approved (budgeted) Balance |  |  |  | 32,875.83 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Function Description | Object Description | Func Code | Object <br> Code | Site Code | Amount Paid |
| INSTRUCTION ST/FED SPEC ADMIN | Pers Svc-Salaries Purch Prof \& Tech Sv | 1000 2330 | $\begin{aligned} & 100 \\ & 300 \end{aligned}$ | $\begin{aligned} & 105 \\ & 050 \end{aligned}$ | $\begin{array}{r} 4,802.09 \\ 367.50 \end{array}$ |
|  |  | Total (of | ges) |  | 5,169.59 |
|  |  | ENDING APPROVED B | NCE |  | 27,706.24 |


| CODE: 24 1056 |  |  |  |
| :---: | :---: | :---: | :---: |
|  | County | District |  |
| District: PIONEER-PLEASANT VALE SCH FY 2016 |  |  |  |
|  |  |  | Fiscal Year |
|  |  | Amount of Approv | Budgeted 98.12952 |

Project
No: 511
Name T1-PART A, BASIC

Amount of Approved (budgeted) Project
98,129,52

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 purpose and objectives sel forth in the terms and conditions of the federal award. I am aware that false, fictitious, or fraudulent information or the omission of any materlal fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. 2 CFR 200.415


Reporting Period 04/01/2016 thru 04/30/2016
Beginning Approved (budgeted) Balance
$32,875.83$

| Po No | Date of <br> P.O. | Warrant <br> No. | Date Paid <br> $(\mathrm{mm} / \mathrm{dd} / \mathrm{y})$ | Func-Object <br> Site Code | Person or Vendor | Amount |
| :---: | :---: | :---: | :---: | :---: | :---: | ---: |
| 70084 | $09 / 09 / 15$ | 1323 | $04 / 15 / 16$ | $1000-110-105$ | KILLAM, NANCY A | Paid |
| 70051 | $09 / 09 / 15$ | 1345 | $04 / 15 / 16$ | $1000-120-105$ | POWELL, DONNAK | $3,385.42$ |
| 6 | $07 / 02 / 15$ | 1405 | $04 / 26 / 16$ | $2330-310-050$ | BARLOW EDUCATION MANAGEMENT SER | $1,416.67$ |
|  |  |  |  |  | Project-Reporting Total | 367.50 |
|  |  |  |  |  |  | $5,169.59$ |

# OKLAHOMA STATE DEPARTMENT OF EDUCATION 



24-1056 PIONEER-PLEASANT VALE
2015-2016 NCL.B Consolidated - 00
Summary Expenditure Report 17

Printer-Friendly<br>Click to Return to Financial To Do List Click to Return to Organization Select Click to Return to Menu List/Sign Out

Summary Expenditure Report 17
Instructions

This request has been submitted. No more updates will be saved.

## Program: TitleIA

Click on the "Create Additional Entries" button to enter additional information.
Description of Object Codes and Function Codes

Show Budget Summary: (9) Yes No
Note: This Budget Summary displays to aid in creating and editing the Summary Expenditure Report and will not display once the Summary Expenditure Report is submitted to the SEA.

| Code | Activity Description | $100-$ <br> Salaries | $200 \text { - }$ <br> Benefits | $300-$ Professional Services | 400 - <br> Property Services | 500- <br> Other <br> Services | 600 - <br> Supplemental Instruction Materials | 700Property | 800 Other Objects | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1000 | Instruction | 74,525.73 |  |  |  |  | 18,212.50 |  |  | 92,738.23 |
| 2110 | Attendance and Soclal Work Services |  |  |  |  |  |  |  |  |  |
| 2120 | Guidance Services |  |  |  |  |  |  |  |  |  |
| 2190 | Other Support Services - Student |  |  |  |  |  |  |  |  |  |
| 2210 | Improvement of Instruction Services |  |  |  |  |  |  |  |  |  |
| 2220 | Library/Media Services |  |  |  |  |  |  |  |  |  |
| 2240 | Academic Student Assessment |  |  |  |  |  |  |  |  |  |
| 2310 | Board of Education Services |  |  |  |  |  |  |  |  |  |
| 2330 | State and Federal Relations Services |  |  | 4,410.00 |  |  |  |  |  | 4,410.00 |
| 2410 | Office of the Principal Services |  |  |  |  |  |  |  |  |  |
| 2540 | Planning, Research, Development, and Eval Services |  |  |  |  |  |  |  |  |  |
| 2570 | Personnel (Staff) Services |  |  |  |  |  |  |  |  |  |
| 2620 | Operation of Buildings Services |  |  |  |  |  |  |  |  |  |
| 2640 | Care and Upkeep of Equipment Services |  |  |  |  |  |  |  |  |  |
| 2660 | Security Services |  |  |  |  |  |  |  |  |  |
| 2720 | Vehicle Operation Services |  |  |  |  |  |  |  |  |  |
| 3300 | Community Services Operations |  |  |  |  |  |  |  |  |  |
| 5500 | PRIVATE, NONPROFIT SCHOOLS |  |  |  |  |  |  |  |  |  |
| 2320 | Executive Administration Services |  |  |  |  |  |  |  |  |  |
| 2560 | Information Services |  |  |  |  |  |  |  |  |  |
| 2740 | Vehicle Servicing and Maintenance Services |  |  |  |  |  |  |  |  |  |
| 2230 | Instruction-Related Technology |  |  |  |  |  |  |  |  |  |
| 2730 | Monitoring Services |  |  |  |  |  |  |  |  |  |
| 2194. | Parental Advisory |  |  |  |  |  |  |  |  |  |
| 2199 | Homeless Set Aside |  |  |  |  |  | 981.29 |  |  | 981.29 |
| 2650 | Vehicle Operation and Maintenance Services |  |  |  |  |  |  |  |  |  |
| 2530 | Printing, Publishing, and Duplicating Services |  |  |  |  |  |  |  |  |  |
| 2340 | Other General and Administrative Services |  |  |  |  |  |  |  |  |  |
| Total | Direct Costs | 74,525.73 |  | 4,410,00 |  |  | 19,193.79 |  |  | 98,129.52 |
| Total | Budget |  |  |  |  |  |  |  |  | 98,129.52 |


| Function | Object <br> Code | Code | Site | Activity <br> Description | Expenditure Description | Final <br> Approved <br> Budget | Previously <br> Requested |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | | Expenditure |
| :---: |
| Amount | | Delete |
| :---: |
| Row |



NOTE: Data displayed on this page was effective as of $8 / 16 / 2016$

| Payment Tracking Number | $24-10561608003$ |
| :--- | :--- |
| Expenditures from | $5 / 1 / 2016$ to $5 / 31 / 2016$ Enter as MM/DD/YYYY |
| At the outset of the year, your LEA provided the following information: |  |
| DUNS \# | 100668052 |
| CCR Expiration Date | $9 / 20 / 2016$ |
| New SAM Expiration Date (if  <br> required) $\quad$Click here to access SAM for Expiration Date Information |  |

Note: OSDE is prohibited from making payments to LEAS whose CCR Expiration Date (which has now been replaced by the SAM Expiration Date) has passed.
For every Summary Expenditure Report in which an LEA must enter the new SAM Expiration Date, the LEA must also upload a PDF from SAM.gov which shows the LEA name, DUNS \#, and expiration date.

| RECAP | Amount | Amount Paid to Date by Fund Source |  |
| :--- | :--- | :--- | :--- |
| Grant Award (Allocation) | $\$ 98,129.52$ |  |  |
| Approved Budget | $\$ 98,129.52$ | TitleIA | $\$ 52,174.10$ |
| Amount Pald To Date | $\$ 52,174.10$ | Total | $\$ 52,174.10$ |
| Expenses To Date | $\$ 0.00$ |  |  |
| Balance Due LEA | $\$ 0.00$ |  |  |
| Funds on Hand | $\$ 52,174.10$ |  |  |

Attach supporting PDF Browse, $\quad$ No file selected.
(Summary and Detailed Expenditure Reports are required)

I Certify that, to the best of my knowledge and belief, thls report is true and correct in all aspects: supporting documentation for all entries in the accounting records are on file and will be retained for five (5) years or until the Applicant is notified that such records are no longer needed for administrative review; and the federal funds have been expended only for the purposes they were granted.

All expenditure reports must be signed by the local Superintendent. If the local school board has authorized a different Individual to sign expenditure reports, piease upload a copy of the school board minutes that confirms the authorization of this signature.

## Previously Attached Documents:

May 2016511 Report Revised.pdf
May 2016511 Report.pdf

## Payment Funding Preview

| Payment Type | Amount | Fund Stream <br> Program | Reporting Category |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Code | Federal Aid \# |  |
| Payment | $\$ 19,575,86$ |  | 2016 | 16511 | $150016511 Y R 1$ |





[^0]:    All expenditure reports must be signed by the local Superintendent. If the local school board has authorized a different individual to sign expenditure reports, please upload a copy of the school board minutes that confirms the authorization of this signature.

    Previously Attached Documents:
    511 Amended Expenditure 6-2016.pdf
    511 Amended Expenditures 6-1-2016 through 6-30-2016.pdf 511 Expenditures CCOSA Agenda 6-1-2016 through 6-30-2016.pdf

[^1]:    I Certify that, to the best of my knowledge and belief, this report is true and correct in all aspects: supporting documentation for all entries in the accounting records are on file and will be retained for five (5) years or until the Applicant is notified that such records are no longer needed for administrative review; and the federal funds have been expended only for the purposes they were granted.

