



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 COMMUNITY EDUCATION/AFTERSCHOOL PROGRAMS
 21st Century Community Learning Centers Program

FINAL EXPENDITURE REPORT (for grant year 5 only)

District/Organization Name		Federal Tax ID Number (for CBO's only)	
County/District Code Number (for school districts only)	County	Cohort Number <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Grant Year <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Contact Person		Title/Position	
Phone Number Ext.	Fax Number	Email	
Fiscal Agent (name of district or organization)		Amount of Award \$	

Instructions:

1. Completion of this form does not generate a payment. You MUST submit an invoice for payment.
2. Complete this form only if you are in grant year 5.
3. List actual 21st CCLC grant dollars expended for grant year.
4. All figures must be rounded to the nearest dollar. Make certain all figures and calculations are correct.
5. Forms not completed in their entirety will be returned.
6. Completed forms must be returned no later than July 15.

Budget Categories	Amount Expended (60%)	Program's 40%
Salaries	\$	
Benefits	\$	
Travel and Transportation	\$	
Supplies	\$	
Equipment	\$	
Professional Development	\$	
Purchased Services	\$	
Other	\$	
In-Direct Costs	\$	
TOTAL 21ST CCLC AWARD DOLLARS EXPENDED	\$	

Does awardee have a remaining balance that was not expended on or before June 30? Yes No
 If yes, what is the remaining dollar amount? \$ _____

Signature on this form indicates that the district/organization has complied with all guidelines in expending the award funds and that all expenditures have been approved and are related to the 21st CCLC Program.

Signature of Contact Person	Date	Authorized Signature	Date
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FOR DEPARTMENT USE ONLY - APPROVAL

PLEASE COMPLETE AND RETURN TO:

Afterschool Program/21st CCLC
 Community Education
 Department of Elementary and Secondary Ed.
 P.O. Box 480
 Jefferson City, Missouri 65102-0480
 Phone: (573) 522-2627 Fax: (573) 526-4261