



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 COMMUNITY EDUCATION/AFTERSCHOOL PROGRAMS
 Governor Blunt's METS and Health Program

FINAL EXPENDITURE REPORT

District/Organization Name		Check Type <input type="checkbox"/> METS <input type="checkbox"/> Health	
County/District Code Number ____ - ____	Site Name	Phone Number ()	
Contact Person Name		Title/Position	
Street Address		Fax Number ()	
City	State	Zip Code	
Contact Person's E-Mail		Amount of Award \$	

Instructions: List actual METS or Health grant dollars expended for grant year. All figures must be rounded to the nearest dollar. Forms not completed in their entirety will be returned. Completed forms must be returned no later than July 15.

Budget Categories	Amount Expended (Grant Funds Only)
Salaries	\$
Benefits	\$
Travel and Transportation	\$
Supplies	\$
Equipment	\$
Professional Development	\$
Purchased Services	\$
Other	\$
In-Direct Costs	\$
TOTAL METS or Health GRANT 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 METS or Health Program.

Signature of Contact Person	Date	Authorized Signature	Date
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<i>FOR DEPARTMENT USE ONLY - APPROVAL</i>	PLEASE COMPLETE AND RETURN TO: Afterschool Program 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
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