Program Name

**Adult Basic Education Final Fiscal Report**

**Program Year Ending June 30, 2017**

**\*\*Attach Itemized Details of Expenditures\*\***

**Due Date: August 15, 2017**

1. Statement of expended ***Federal Funds*** for the period from July 1, 2016, to June 30, 2017. (After all encumbrances have cleared)
   1. Total Federal Funds Allocated $
   2. Total Federal Funds Requested/Reimbursed $

(Figure must correspond with total *federa*l expenditure reported on final approved budget)

1. Statement of expended ***State Funds*** for the period from July 1, 2016 to June 30, 2017. (After all encumbrances have cleared)
2. Total State Funds Received $
3. Total State Funds Expended $

(Figure must correspond to total *state* expenditure reported on final approved budget)

1. Statement of expended **Local Matching Funds** for the period from July 1, 2016 to June 30, 2017. (After all encumbrances have cleared)
2. Total Local Matching Funds Expended in FY 2017 $

(Figure must correspond to total *local* expenditure reported on final approved budget)

1. Total Local Matching Funds Expended in previous fiscal year $

4. Statement of Expenditures for **Institutionalized Adult Education Participants** for the period July 1,

2016 to June 30, 2017.

a. Total *Federal Funds* Expended for Institutionalized Adult Education Participants,

$ (Figure must correspond to total expenditures reported on final approved budget)

I certify that to the best of my knowledge, the above report accurately reflects fiscal transactions of this program for the period July 1, 2016 to June 30, 2017.

Director’s Signature:

Typed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Fiscal Officer’s Signature

Typed Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_