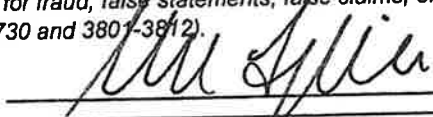


= Required Field

Project #: 5880-21-2990	Contract #:
Agency Code: 580208020000	
Funding Source:	ARP ESSR 3
Agency Name:	Miller Place Union Free School District
Mailing Address:	7 Memorial Drive
	Street
	Miller Place NY 11764
	City State Zip Code
Contact Person:	Darlene Levi Telephone: 631-474-2700 ext. 731
E-mail Address:	dlevi@millerplace.k12.ny.us
	Report Period: 06 / 22 Month/Year

CHIEF ADMINISTRATOR'S CERTIFICATION

By signing this report, I certify to the best of my knowledge & belief that the report is true, complete, & accurate, & the expenditures, disbursements, & cash receipts are for the purposes & objectives set forth in the terms & conditions of the Federal (or State) 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. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Date: _____ **Signature:** 

- | | |
|--|--------------|
| 1. Amount of Approved Budget (Include approved amendments) | \$ 1,228,216 |
| 2. Project Payments Received to Date | \$ 325,021 |
| 3. Project Cash Expenditures to Date | \$ 700,000 |
| 4. Cash Expenditures Anticipated During Next Month: | \$ 7,000 |
| 5. Additional Funds Requested (Entries 3 plus 4 minus 2) | \$ 381,979 |

FOR DEPARTMENT USE ONLY

	Fiscal Year	Payment Split	Line #
Voucher #: _____	_____	\$ _____	_____
Finance: <input type="checkbox"/> LOG <input type="checkbox"/> MIR	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____