

= Required Field

| | |
|--|---|
| Project #: <input style="width: 80%;" type="text" value="5891-21-2990"/> | Contract #: <input style="width: 80%;" type="text"/> |
| Agency Code: <input style="width: 80%;" type="text" value="58020802000"/> | |
| Funding Source: | <input style="width: 70%;" type="text" value="CRRSA-ESSR 2"/> |
| Agency Name: | <input style="width: 90%;" type="text" value="Miller Place Union Free School District"/> |
| Mailing Address: | <input style="width: 90%;" type="text" value="7 Memorial Drive"/> |
| | <small>Street</small> |
| | <small>City State Zip Code</small> |
| | Miller Place NY 11764 |
| Contact Person: | <input style="width: 40%;" type="text" value="Darlene Levi"/> <input style="width: 40%;" type="text" value="Telephone: 631-474-2700 ext. 731"/> |
| E-mail Address: | <input style="width: 80%;" type="text" value="dlevi@millerplace.k12.ny.us"/> |
| | Report Period: <input style="width: 20%;" type="text" value="02"/> <input style="width: 20%;" type="text" value="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:** *D. M. Carter*

| | |
|--|---|
| 1. Amount of Approved Budget (Include approved amendments) | \$ <input style="width: 80%;" type="text" value="1,962,016"/> |
| 2. Project Payments Received to Date | \$ <input style="width: 80%;" type="text" value="392,403"/> |
| 3. Project Cash Expenditures to Date | \$ <input style="width: 80%;" type="text" value="384,948"/> |
| 4. Cash Expenditures Anticipated During Next Month: | \$ <input style="width: 80%;" type="text" value="65,000"/> |
| 5. Additional Funds Requested (Entries 3 plus 4 minus 2) | \$ <input style="width: 80%;" type="text" value="57,545"/> |

FOR DEPARTMENT USE ONLY

| | Fiscal Year | Payment Split | Line # |
|---|-------------|---------------|--------|
| Voucher #: _____ | _____ | \$ _____ | _____ |
| Finance: <input style="width: 40px; height: 20px;" type="text"/> | _____ | \$ _____ | _____ |
| <small>LOG</small> | _____ | \$ _____ | _____ |
| <input style="width: 40px; height: 20px;" type="text"/> | _____ | \$ _____ | _____ |
| <small>MIR</small> | _____ | \$ _____ | _____ |