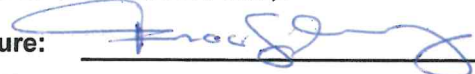


= Required Field

Project #: <input type="text" value="5880-21-2075"/>	Contract #: <input type="text"/>
Agency Code: <input type="text" value="412901040000"/>	
Funding Source:	<input type="text" value="ARP - ESSER 3"/>
Agency Name:	<input type="text" value="Oriskany CSD"/>
Mailing Address:	<input type="text" value="1313 Utica Street"/>
	Street
	Oriskany New York 13424
	City State Zip Code
Contact Person:	<input type="text" value="Patricia Service"/> Telephone: <input type="text" value="315-868-4995"/>
E-mail Address:	<input type="text" value="services4edmgmt@gmail.com"/>
	Report Period: <input type="text" value="03"/> <input type="text" value="23"/> 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: 3/8/23 **Signature:** 

1. Amount of Approved Budget (Include approved amendments)	\$ <input type="text" value="928,903"/>
2. Project Payments Received to Date	\$ <input type="text" value="431,571"/>
3. Project Cash Expenditures to Date	\$ <input type="text" value="591,480"/>
4. Cash Expenditures Anticipated During Next Month:	\$ <input type="text"/>
5. Additional Funds Requested (Entries 3 plus 4 minus 2)	\$ <input type="text" value="159,909"/>

FOR DEPARTMENT USE ONLY

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