

= Required Field

Project #:	5891-21-2075	Contract #:	
Agency Code:	412901040000		
Funding Source:	CRRSA ESSER 2		
Agency Name:	ORISKANY CENTRAL SCHOOL DISTRICT		
Mailing Address:	1313 UTICA STREET		
	Street		
	ORISKANY	NY	13424
	City	State	Zip Code
Contact Person:	KEVIN SOMMER	Phone #	315-768-2051
E-mail Address:	KSOMMER@ORISKANYCSD.ORG		
		Report Period:	06 22

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: 6/20/22

Signature: 

1. Amount of Approved Budget (Include approved amendments)	\$ <input style="width: 80%;" type="text" value="492,558"/>
2. Project Payments Received to Date	\$ <input style="width: 80%;" type="text" value="98,511"/>
3. Project Cash Expenditures to Date	\$ <input style="width: 80%;" type="text" value="230,278"/>
4. Cash Expenditures Anticipated During Next Month:	\$ <input style="width: 80%;" type="text"/>
5. Additional Funds Requested (Entries 3 plus 4 minus 2)	\$ <input style="width: 80%;" type="text" value="131,767"/>

FOR DEPARTMENT USE ONLY

Voucher #: _____	Fiscal Year	Payment Split	Line #
Finance: <input style="width: 50px; height: 20px;" type="text"/>	_____	\$ _____	_____
LOG	_____	\$ _____	_____
MIR	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____