Report Month/Year	
Fiscal Analyst	
Contract Number	
County	
Vendor Code	

E-mail signed report to the respective fiscal analyst. A list of fiscal analyst county assignments can be found on the CDE website at **https://www.cde.ca.gov/fg/aa/cd/faad.asp**

Or mail completed report to: California Department of Education Child Development and Nutrition Fiscal Services 1430 N Street, Suite 2213 Sacramento, CA 95814-5901

If you have technical difficulty in using or completing the form, please contact Lisa York at lyork@cde.ca.gov.

Full Name of Contractor

Revenue	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
Restricted Income Other:			
Restricted Income Other 2:			
Subtotal			
Interest Earned on Child Development Apportionment Payments			
Unrestricted Income, Other:			
Total Revenue			

Report Month/Year

Fiscal Analyst

Contract Number

County

Vendor Code

Full Name of Contractor

Reimbursable Expenses	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
1000 Certificated Salaries			
2000 Classified Salaries			
3000 Employee Benefits			
4000 Books and Supplies			
5000 Services and Other Operating Expenses			
Indirect Costs (Include in Administrative Cost)			
Non-Reimbursable (State Use Only)			
Total Reimbursable Expenses			
Total Administrative Cost (included in section above)			
Days of Operation			

Approved Indirect Cost Rate:

Comments:

☐ No Supplemental Revenue check this box and omit Page 3.

Report Month/Year

Contract Number

Fiscal Analyst

County

Vendor Code

Full Name of Contractor

Supplemental Revenue	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
Enhancement Funding			
Other:			
Other 2:			
Total Supplemental Revenue			

Supplemental Expenses	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
1000 Certificated Salaries			
2000 Classified Salaries			
3000 Employee Benefits			
4000 Books and Supplies			
5000 Services and Other Operating Expenses			
6000 Other Approved Capital Outlay			
Depreciation or Use Allowance			
Indirect Costs			
Non-reimbursable Expenses 6100-6500 Non-reimbursable Capital Outlay			
Total Supplemental Expenses			

Report Month/Year

Fiscal Analyst

Contract Number

County

Full Name of Contractor

Vendor Code

Summary	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
Restricted Program Income			
Interest Earned on Apportionment Payments			
Total Reimbursable Expenses			
Total Administrative Cost			
Days of Operation			

I hereby certify that, to the best of my knowledge and belief, the information in this report is accurate and complete.

Signature of Contractor Designee (Signature Required)

Contractor Designee Email

Contractor Designee Phone

Contractor Fiscal Contact Name and Title

Contractor Fiscal Contact Email

Contractor Fiscal Contact Phone