

## **Grant Administration and Support Office 2025–26 Expenditure Report Signature Form**

**Program Type:**

**American Indian Education Center Name:**

Please select if this is a revised Expenditure Report (ER); if not, leave blank. Select which ER this signature form corresponds to:

Revised

ER 1 (October 1 – December 31, 2025) Due February 10, 2026

ER 2 (January 1 – March 31, 2026) Due May 10, 2026

ER 3 (April 1 – June 30, 2026) Due August 10, 2026

ER 4 (July 1 – September 30, 2026) Due November 10, 2026

**Budget Change Request (BCR):**

A BCR Form must be submitted if there is a 10 percent change to any one-line item. Are you planning to submit a BCR at this time?

Yes      No

**Please submit a signed copy of this Signature Form, along with a completed ER (Excel file) to Christina An by email at [CAAn@cde.ca.gov](mailto:CAAn@cde.ca.gov).**

*By signing below, you acknowledge you have reviewed the information entered into this Signature Form and Expenditure Report. By signing below, you acknowledge the data contained in this report is true and accurate, to the best of your knowledge.*

**Program Coordinator Name:**

**Program Coordinator Email:**

**Program Coordinator Signature:**

**Date Signed:**

**Program Fiscal Contact Name:**

**Program Fiscal Contact Email:**

**Program Fiscal Contact Signature:**

**Date Signed:**