# **Grant Administration and Support Office 2022 Expenditure Report Signature Form**

Pro	gra	m 1	Гур	e:

## **Local Educational Agency:**

### **California Department of Education (CDE) Fiscal Analyst:**

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

#### Revised

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ER 1 (July 1 – December 31, 2022) Due January 31, 2023
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ER 3 (July 1 - December 31, 2023) Due January 31, 2024

ER 4 (January 1 – June 30, 2024) Due July 31, 2024

#### **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 your CDE fiscal analyst.

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:	