EXPENDITURE REPORT / REQUEST FOR FUNDS
JSND / WORKFORCE PROGRAMS
SFN 52548 (R. 12-15)

Contract Number : WF- - Training:
Employer / Business Name
Address / PO Box
City State ZIP Code

FILL A or B:

A: For **Fixed Price Contracts** complete columns A – D below:

	(A) Expenditures This Report Period	(B) Contract Budget	(C) Funds Received prior Date:	(D) Total Funds Requested
Training Fee				
Travel				
Other				
Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**

B: For **Cost Reimbursement Contracts.** complete Cost per unit line below:

Cost per unit	multiplied by	equals	**$0.00**	

Employer certifies that the obligations of the contract have been fulfilled in accordance with the amount of funding requested. The information I have provided on this form is true and correct to the best of my knowledge and belief.
Authorized Signature of Employer

Name / Title Date

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Indicate source used to document services are provided:

☐ Narrative Report ☐ Billing Invoice and Participant List

☐ Management Information System ☐ Other _____

Approved for Payment by

Title Date

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