

= Required Field

<b>Project #:</b>		<b>Contract #:</b>	
<input type="text" value="5883-21-1470"/>		<input type="text"/>	
<b>Agency Code:</b>		<input type="text" value="280205030000"/>	
Funding Source:	<input type="text" value="ARP ESSER 1% State Reserve Comprehensive After School"/>		
Agency Name:	<input type="text" value="Levittown Public Schools"/>		
Mailing Address:	<input type="text" value="LMEC - 150 Abbey Lane"/>		
	Street		
	Levittown	NY	11756
	City	State	Zip Code
Contact Person:	<input type="text" value="Dr. Patricia Kolodnicki"/>	Telephone:	<input type="text" value="516-434-7060"/>
E-mail Address:	<input type="text" value="pkolodnicki@levittownschoools.com"/>		
	<b>Report Period:</b>		<input type="text" value="06"/> <input type="text" value="2022"/>
	Month/Year		

**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: 7/6/22

Signature: 

1. Amount of Approved Budget (Include approved amendments)	\$	<input type="text" value="439,789"/>
2. Project Payments Received to Date	\$	<input type="text" value="87,957"/>
3. Project Cash Expenditures to Date	\$	<input type="text" value="114,555"/>
4. Cash Expenditures Anticipated During Next Month:	\$	<input type="text" value="0"/>
5. Additional Funds Requested (Entries 3 plus 4 minus 2)	\$	<input type="text" value="26,598"/>

**FOR DEPARTMENT USE ONLY**

<b>Voucher #:</b> _____	<b>Fiscal Year</b>	<b>Payment Split</b>	<b>Line #</b>
	_____	\$ _____	_____
	_____	\$ _____	_____
<b>Finance:</b> <input type="checkbox"/>	_____	\$ _____	_____
LOG	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
MIR	_____	\$ _____	_____