

STATE OF CALIFORNIA
EXPENDITURE REPORT
SCHOOL FACILITIES NEEDS ASSESSMENT GRANT PROGRAM
 SAB 61-02 (NEW 02/05)

LOCAL EDUCATIONAL AGENCY (LEA)		FIVE-DIGIT DISTRICT CODE NUMBER
BUSINESS ADDRESS		COUNTY
PREPARER'S NAME (TYPED)	PREPARER'S TITLE (TYPED)	TELEPHONE NUMBER/E-MAIL ADDRESS
LEA REPRESENTATIVE'S NAME (TYPED)	LEA REPRESENTATIVE'S TITLE (TYPED)	TELEPHONE NUMBER/E-MAIL ADDRESS

INSTRUCTIONS

Refer to Title 2, California Code of Regulation Sections 1859.300 through 1859.318

	AMOUNT
1. State Funds Enter the total amount of State apportionments received pursuant to Section 1859.312 for all eligible school sites.	\$
2. Interest Earned Enter the amount of interest earned on State funds for all eligible school sites.	\$
3. Expenditure for Performing Needs Assessment Enter the total amount of State funds spent to complete the Form SAB 61-01 for all eligible school sites. Provide a listing of expenditures on page 2 of this form.	\$
4. Expenditures for Repairs Identified on Needs Assessment Enter the total amount of State funds spent for repairs identified in Part V of the Form SAB 61-01. Provide a listing of each expenditure on page 2 of this form.	\$
5. Remaining Funds	\$

This form is due by January 1, 2007. Additional information may be requested to complete the audit.

Submit completed form to:
Department of General Services
Office of Public School Construction
Attn: Needs Assessment Audits
1130 K Street, Suite 400
Sacramento, CA 95814-2928

CERTIFICATION

I certify, as the LEA Representative, that the information reported on this form is true and correct and that:

- I am designated as an authorized LEA representative by the governing board of the LEA; and,
- The LEA has satisfied the supplement, not supplant requirement as defined in Section 1859.318; and,
- Under penalty of perjury, under the laws of the State of California, the foregoing statements are true and correct, and that the Public Contract Code was adhered to in the use of these grant funds; and,
- This form is an exact duplicate (verbatim) of the form provided by the Office of Public School Construction. In the event a conflict should exist, then the language in the OPSC form will prevail.

SIGNATURE OF LEA REPRESENTATIVE	DATE
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LOCAL EDUCATIONAL AGENCY (LEA)	COUNTY
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Only list expenditures up to the total sum of State grant and interest earned.
 Complete additional copies of this page if more space is needed.

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LEA NEEDS ASSESSMENT EXPENDITURES

Enter the Date, the Payee, the Amount and Description/Purpose.

DATE	PAYEE	AMOUNT	DESCRIPTION/PURPOSE
TOTAL			

LEA NEEDS ASSESSMENT REPAIR EXPENDITURES

Enter the Date, the Needs Assessment ID Number, the Repair Number, the Amount Paid and Description/Purpose of the repair.

DATE	NEEDS ASSESSMENT ID NO.	REPAIR NO.	AMOUNT PAID	DESCRIPTION/PURPOSE
TOTAL				