EXPENDITURE REPORT / REQUEST FOR FUNDS

JSND / WORKFORCE PROGRAMS

SFN 52548 (R. 8-06)

Contract Number	Program Title	
Contractor Name		
Contractor Street Address / PO Box		
City	State	ZIP Code

For **Cost Reimbursement Contracts,** complete columns A through E. For **Fixed Price Contracts** and **Unit Price Contracts**, complete columns C, D, and E.

	(A) Expenditures This Report Period	(B) Expenditures Cumulative	(C) Contract Budget	(D) Funds Received as of (Date)	(E) Total Funds Requested
Direct Training					
Administration					
Training Related					
Total					

Cost per unit $ multiplied by equals $

For contracts requiring matching funds, contractor certifies proper documentation of $ matching funds for this contract as of

Contractor 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 Contractor	
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

Distribution: Original and yellow copy to Job Service North Dakota; pink copy to contractor.

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