

To be maintained by district for monitoring/auditing. Do not submit this document to the NJ Department of Education.

County Code and Name _____

District Code and Name _____

TUITION/CONTRACTED SERVICES EXPENDITURES FOR FISCAL YEAR 2015-2016
 (Report only those expenditures to contracting districts and agencies)

	CHAPTER 192			CHAPTER 193		
	COMPENSATORY EDUCATION	ESL	TRANSPORTATION	EXAMINATION & CLASSIFICATION	CORRECTIVE SPEECH	SUPPLEMENTARY INSTRUCTION
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
1.	2.	3.	4.	5.	6.	7.
A. EDUCATIONAL SERVICES COMMISSIONS (List below) 1. 2. 3.						
B. LOCAL SCHOOL DISTRICTS (List below) 1. 2. 3.						
D. PRIVATE AGENCIES (List below) 1. 2.						
E. OTHER SOURCES (Specify below) 1. 2.						
F. TOTAL AMOUNT						

NOTE: 1. Total Amount of Program equals amount reported by Program on tuition line of Expenditures for Services Provided Worksheet.
 2. Do not include home instruction expenditures on this form. Report Nonpublic Home Instruction expenditures in the section provided on the Expenditures for Services Provided worksheet.

I hereby certify that the amounts recorded above are correct.

Signature of Board Secretary/Business Administrator	Date
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I hereby agree with the amount received as recorded above for my district or agency.

Name of Contracting District or Agency	Signature and Title	Date
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