		STEP EXPE	NDITURE REP	ORT FY 25								
FY 25	JOINT AGREEMENT ADMINISTRATOR NAME				MEMBER DISTRICT NAME							
EXPENDITURE REPORT	QUARTERLY EXPENDITURES MEMBER CONTACT PERSON			MEMBER TELEPHONE			MEMBER EMAIL ADDRESS			EXPENDITURE WORKSHEET		
SUBMISSION DATE	THROUGH DATE							Program: DHS/STEP				
						EMPLOYEE	PURCHASED	SUPPL	IES AND	CAPITAL	OTHER	
FUNCTION	EXPENDITURE					BENEFITS	SERVICES		ERIALS	OUTLAY**		TOTAL
NUMBER	ACCOUNT				(Obj. 100s)		(Obj. 300s)	(Obj.	. 400s)	(Obj. 500s)	(Obj. 600s)	
1400	VOCATIONAL											
TOTAL EXPENDITURES												0
								We the undersigned hereby certify that the foregoing				
RETURN TO MEGHAN BRAKE AT TMCSEA WHEN COMPLETED AND SIGNED								statements are true to the best of our knowledge and				and
T1100F4								belief.				
TMCSEA												
300 Cedar St.												
Pekin, IL 61554								Signature of District Level Special Education Administrator				
309-347-3532 x 453 Phone									Edu	cation Admini	strator	
309-346-0440 Fax												
mbrake@tmcsea.org								Date				
District Name & #:												
D OTED D												
Proposed STEP Budget Expend	Amount											
Object 100	\$											
200	\$											
300	\$											
400	\$											
500	\$											
600	\$											
Total	\$											
Signature of District Level Special Education	on Administrator		Date									
Signature of TMCSEA Transition Specialis	t		Date									
Function 1400 - STEP												
Object Breakout Examples:												
	oach, School to Work Liaisons, Job Develop											
	ts of Job Coach, School to Work Liaisons, Jo											
	s, Prof. Dev. for STEP Personnel, STEP Stud culum, iPads, Computers, Uniforms	dent Travel (20%), Field Trips, C	Co-op Banquet									
500's = Purchases over \$1,000 for												
600's = Other Objects: Student Tuition												
cc: District Level Special Education Ac	Iministrator											
District Bookkeeper STEP Teacher												
SIET leacher												