

**2009 TEACHER QUALITY PARTNERSHIP GRANT PROGRAM  
CT DEPARTMENT OF HIGHER EDUCATION**

**EXPENDITURE REPORT**

Grantee \_\_\_\_\_

Project Title \_\_\_\_\_ Grant

Amount \_\_\_\_\_

Report Period (check one):  
 May-June 2009                       Feb-June 2010  
 July-Sept 2009                       July-Aug 2010  
 Oct 2009-Jan 2010

Budget Category	A Approved Budget	B Expenditures to Date	C Additional Expenditure Commitment thru end of grant period	D Total Expenditures & Commitments thru end of grant period (Col. B&C)	E Balance Uncommitted (Col. A-D)
Salaries Key Personnel Fringe Benefits Support Personnel Fringe Benefits					
<b>Subtotal, Personnel Costs</b>					
Consultants					
Travel					
Supplies & Materials					
Equipment Rental					
Participant Costs					
Indirect Costs					
Evaluation					
<b>Total</b>	_____	_____	_____	_____	_____

**Note:** Written approval must be obtained from the Department of Higher Education prior to any budget modification which exceeds 10% in a line item category (note also that the total grant award cannot be increased).

Grantee Certification: I certify that the above information is accurate and consistent with our records.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

For questions regarding this form, please contact Constance Fraser at (860)947-1801 or cfraser@ctdhe.org.

Please email or mail this form with a **Cash Request Form** to:

CT Department of Higher Education  
Attn: Constance Fraser, Director  
61 Woodland Street, 3<sup>rd</sup> Floor

