

## Nevada Department of Education Budget Expenditure Summary

Agency: \_\_\_\_\_ Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

Check One: Budget  Budget Amendment  Final Report

OBJECT	DESCRIPTION	INSTRUCTION COST	SUPPORT SERVICES	TOTAL
100	Salaries	≤ 10% or \$10,000 ← →	≤ 10% or \$10,000	↑ ≤ 5% or \$2,000
200	Benefits			≤ 5% or \$2,000
300	Purchased Professional Services			≤ 5% or \$2,000
400	Purchased Property Services	≤ 10% or \$10,000 ← →	≤ 10% or \$10,000	≤ 5% or \$2,000
500	510 Student Transportation Services			
	519 Student Travel			
	580 Staff Travel			
	Other (520, 530, 540, 550, 560, 570, 590)			
	<b>Total 500</b>			
600	610 General Supplies (excludes 612)	↑		
	612 Non-Technology Items of Higher Value*	≤ 50% or \$10,000	↑	
	640 Books and Periodicals (exclude 641)		≤ 50% or \$10,000	
	641 Textbooks			
	650 Supplies - Information Technology Related	≤ 50% or \$10,000		
	651 Software	↓	≤ 50% or \$10,000	
	652 Technology Items of Higher Value*		↓	
	653 Web-based and Similar Programs	≤ 10% or \$10,000 ← →	≤ 10% or \$10,000	
	Other (620, 630)			
	<b>Total 600</b>			
800	810 Dues and Fees	↑ ≤ 50%	↑ ≤ 50%	
	890 Other Miscellaneous	↓ ≤ 50%	↓ ≤ 50%	
	Other (820, 830)	↓ ≤ 50%	↓ ≤ 50%	
	<b>Total 800</b>			
<b>Subtotal 100 - 600 &amp; 800</b>				No Change
**Approved Indirect Cost Rate: %				No Change
700	730 Equipment			
	Other (710, 729, 740, 790)			
	<b>Total 700</b>			
<b>GRAND TOTAL EXPENDED</b>				No Change

\* All items of value must be itemized in the budget detail

\*\* Indirect cost rates must be approved by the Department of Education before the sugrantee may budget for and charge those costs to the grant.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
District Superintendent or Authorized Signature

<b>DEPARTMENT USE ONLY</b>	
Initial _____	Date Reviewed _____