

Youth Apprenticeship Grant EXPENDITURE REPORT

Department of Workforce Development

State of Wisconsin

Agency Name	Agency Contact Name	Agency Contact Phone Number
Agency Code (2 characters, not your FEIN)	- for DWD use only - DEXP MISC	Agency Contact Email
FINAL REPORT: (Type YES or NO in cell A10)	Reporting Period:	Month Year
		Agency Contact Fax

LINE CODE NAME	Program Code	Class Code	Line Code	Line Code	Current Month Expenditures
YA Coordinator Costs	1471	03	2-	1471	
YA Student Costs	1472	03	2-	1472	
YA Employer Costs	1473	03	2-	1473	
YA Administrative Costs	1474	03	2-	1474	
TOTAL CASH REQUESTED					0.00
YA Local Matching Funds	9460	03	2-	9460	

Save file as: "[Agency Code] [Agency Name] Program Month Year.xls"
 For example *Badger Agency's* July Report would be saved as "ZZ Badger YA 07 2015.xls"
 Using the above file name as the Subject line, submit this form via email to:
FinGrants@dwd.wisconsin.gov
 Retain One Copy for Agency Records

DATE SUBMITTED	
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The submission of this report certifies that the expenditures identified here, claiming federal and state reimbursement, are true and correct in the amounts stated, have not been reimbursed previously, and represent actual and necessary costs of administering provisions of the contract.