

Quarterly Expense Report

Local Area: _____

Report Period _____

Date Submitted: _____

WIA Adult Funding PY

Expense Category	Amount	# of LWIB FTE's	LWIB Salaries
1. Administrative Expenses			
2. Program Expenses			
3. Service Provider Expenses			
4. Training Provider Expenses**			

WIA Dislocated Worker Funding PY

Expense Category	Amount	# of LWIB FTE's	LWIB Salaries
1. Administrative Expenses			
2. Program Expenses			
3. Service Provider Expenses			
4. Training Provider Expenses**			

WIA Youth Funding PY

Expense Category	Amount	# of LWIB FTE's	LWIB Salaries
1. Administrative Expenses			
2. Program Expenses			
3. Service Provider Expenses			
4. Training Provider Expenses**			

Other Funding Source (Please Specify): _____

Expense Category	Amount	# of LWIB FTE's	LWIB Salaries
1. Administrative Expenses			
2. Program Expenses			
3. Service Provider Expenses			
4. Training Provider Expenses**			

Other Funding Source (Please Specify): _____

Expense Category	Amount	# of LWIB FTE's	LWIB Salaries
1. Administrative Expenses			
2. Program Expenses			
3. Service Provider Expenses			
4. Training Provider Expenses**			

Total for all Funding Sources

Expense Category	Amount	# of LWIB FTE's	LWIB Salaries
1. Administrative Expenses			
2. Program Expenses			
3. Percentage of Administrative Expenses			
4. Service Provider Expenses			
5. Training Provider Expenses**			

Instructions for Completion of the Quarterly Expense Report

Note: For each WIA Title I or other State granted funding source, please report the following:

Expense Category	Amount	# of LWIB FTE's	LWIB Salaries
1. Administrative Expenses	Enter the total amount of administrative expenses being charge to this funding stream.	Enter the total number of LWIB FTE's that make up a part of this administrative expense for this funding stream.	Enter the total amount of LWIB salaries that make up a part of this administrative expense for this funding stream.
2. Program Expenses	Enter the total amount of program expenses being charge to this funding stream.	Enter the total number of LWIB FTE's that make up a part of this program expense for this funding stream.	Enter the total amount of LWIB salaries that make up a part of this program expense for this funding stream.
3. Service Provider Expenses	Enter the total amount of service provider expenses being charge to this funding stream.	/	/
4. Training Provider Expenses	Enter the total amount of training provider expenses being charge to this funding stream.	/	/

To complete the section that totals all of funding sources, please refer to the instructions provided below:
 (DETR – Instructions)

	Expense Category	Amount	# of LWIB FTE's	LWIB Salaries
1.	Administrative Expenses	Enter the total amount of administrative expenses from all funding source above.	Enter the total number of LWIB FTE's that make up a part of this administrative expense for all funding source listed above.	Enter the total amount of LWIB salaries that make up a part of this administrative expense for all funding source listed above.
2.	Program Expenses	Enter the total amount of program expenses from all funding source above.	Enter the total number of LWIB FTE's that make up a part of this program expense for all funding source listed above.	Enter the total amount of LWIB salaries that make up a part of this program expense for all funding source listed above.
3.	Percentage of Administrative Expenses	This filed is calculated automatically	/	/
4.	Service Provider Expenses	Enter the total amount of service provider expenses being charge to all funding source listed above.	/	/
5.	Training Provider Expenses	Enter total amount of training provider expenses being charge to all funding source listed above.	/	/