

SECRETARY OF STATE **WORKPLACE SKILLS ENHANCEMENT** GRANT PROGRAM
 QUARTERLY FINANCIAL REPORT - FY2008

Name of Grant Recipient _____
 Business or Educational Provider _____

REPORT DUE: BUDGET LINE	BUDGET* AMOUNT	15-Oct. EXPENDED FIRST QUARTER 07/01/07 TO 9/30/07	15-Jan EXPENDED SECOND QUARTER 10/01/07 TO 12/31/07	15-Apr EXPENDED THIRD QUARTER 01/01/08 TO 03/31/08	15-July EXPENDED FOURTH QUARTER 04/01/08 TO 06/30/08	15-Sep ENCUMBERED** PSC PERIOD 07/01/08 TO 08/31/08	TOTAL EXPENDED TO DATE
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Use an 11 font for all numbers below.

SOS FUNDS

Personnel
 Fringe Benefits
 Travel
 Supplies
 Instructional
 Materials
 Other

Totals:

BUSINESS MATCH

Personnel
 Fringe Benefits
 Travel
 Equipment
 Supplies
 Instructional
 Materials
 Other

Totals:

Please submit by fax to the Workplace Skills Enhancement Program at 217-785-6927 or by email with electronic signatures to dmanning@ilsos.net. You may also mail this form to the Secretary of State Literacy Office, Illinois State Library, 300 S. 2nd St., Springfield, IL 62701. Retain a copy for your files and one copy to submit next quarter.

Person Preparing Report _____ Phone # _____ Business Representative _____ Phone # _____ Educational Provider _____ Phone # _____

Signature _____ Date _____ Signature _____ Date _____ Signature _____ Date _____

***The budget amounts are the approved budget amounts listed in your grant contract. Do not amend these amounts on your own.**

**This column refers to the Personal Services Contract period which may extend grant activity through the end of August. It is not necessary to provide this information until the fourth quarter. Rev. 08/07