

**WORKPLACE SKILLS ENHANCEMENT GRANT
SECRETARY OF STATE GRANT PROGRAM**

ENCUMBRANCE REPORT

Grantee: _____
(NAME)

BUDGET LINE ITEM	*ENCUMBERED at 6/30/08	TOTAL EXPENDED as of 8/31/08	**AMOUNT REMAINING TO BE RETURNED
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<u>SOS FUNDS</u>			
Personnel			
Fringe Benefits			
Travel			
Supplies			
Instructional Materials			
Other			
TOTALS:			

<u>BUSINESS MATCH (IF DIFFERENT THAN 4TH QUARTER FINANCIAL REPORT)</u>		
	PSC PERIOD	TOTAL MATCH
Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Instructional Materials		
Other		
TOTALS:		

Prepared by: _____
(Typed Name) Phone Number

Signature: _____
Grantee Signature Phone Number Date

* The encumbered is the amount listed in your Final Financial Report in the column entitled "Encumbered/PSC Period." It was obligated at June 30 and spent on grant activities during July 1 to August 31.

**This amount is to be refunded within 45 days of the end of the encumbrance period (by 10/15/08). The refund check should be made out to the Office of the Secretary of State and sent to the Literacy Office.

Return this form to Workplace Skills Enhancement program, Secretary of State Literacy Office, Illinois State Library, 300 S. 2nd St., Springfield, IL 62701, or by fax at 217/785-6927, or email with electronic signatures to dmanning@ilsos.net by SEPTEMBER 15, 2008.