



THE NAVAJO NATION
 Department of Diné Education
JOHNSON-O'MALLEY PROGRAM
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**BUDGET SUMMARY/REIMBURSEMENT
 FORM**

1. **Subcontractor:** _____ 2. **Invoice No.** _____
3. **Check One:** A. Application C. Modification: 1st 2nd 3rd E. Budget Transfer
 B. Close-out D. Reimbursement for Month of: _____

Part A:

BUDGET LINE ITEMS	Budget	Modification	Amended Budget	Invoice Reimbursement	Year To Date	Balance
100 Personnel						
101 Salaries						
199 Fringe Benefits						
200 Travel/Per Diem						
202 Administrative						
204 Liaison Travel						
210 IEC Mileage/Stipend						
215 Student Activities						
300 Supplies/Materials						
301 Administrative						
311 Indian Education Committee						
312 Instructional Supplies						
315 Gas/Oil/Lube						
400 Lease/Rental						
401 Equipment						
404 Building/Office Space						
407 Telephone						
408 Utilities						
410 Vehicle Rental						
500 Contractual & Spec. Trans.						
501 Consultant Fees						
502 Consultant Expenses						
503 In-Service Training - JOM						
518 Insurance Premiums						
520 Parental Costs						
521 In-Service - IEC						
531 Indirect Costs						
600 Repairs/Maintenance						
601 Equipment Repair						
608 Vehicle Repair/Lube						
700 Equipment						
701 Minor Equipment						
702 Major Equipment						
TOTAL:						

4. **CERTIFICATION:** I certify the budget, reimbursement, and expenditures, have been reconciled with records and is a statement of expenditures. Invoice: \$ _____
Adjustments: \$ _____
Adjusted Invoices: \$ _____

_____ **Authorized Signature** _____ **Date**

PART B:

5. **REQUEST FOR ADVANCE FUNDS:**
- a. **First Advance Request:** \$ _____
 - b. **Attach liquidation Schedule.**
 - c. **Second Advance Requested:** \$ _____
 - d. **Attached liquidation schedule in full during the balance of the contract year.**