Wisconsin Department of Public Instruction
PROGRAM FISCAL REPORT
PI-1086 (Rev. 08-11)

Refer to instructions at: http://dpi.wi.gov/sms/pdf/instruct.pdf

Mail to: **WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**
SCHOOL MANAGEMENT SERVICES TEAM
FEDERAL AIDS AND AUDIT SECTION
P.O. BOX 7841
MADISON, WI 53707-7841 **Fax: (608) 267-9207**

District / Agency No.	District / Agency Legal Name	CFDA No. or State Statute	Report for Period Ending
Grant Number	Program	Project Beginning Date	Project Ending Date

Name of Person Preparing this Report	Phone *Area/No.*	Email Address

SUMMARY

INSTRUCTIONS: Report project transactions by account.

Account Code *Fund-Obj.-Func.-Proj.*	Account Name	Approved Budget	Unliquidated Encumbrances *Payables*	Total Disbursements to Date	Unencumbered Balance
	TOTALS	$	$	$	$

Cash Summary: Total Funds Received to Date	Cash Summary: Total Disbursements to Date	Cash Summary: Cash on Hand at End of Period	Matching Funds If Applicable *Documentation on file at District Office*	Report Type *Check all that apply*	Amount Requested This Claim	**DPI USE ONLY Amount Approved**
$	$	$	$	☐ Advance ☐ Final Claim ☐ Partial Claim ☐ Revised Final	$	

CERTIFICATION

BY SIGNING THIS REPORT, I CERTIFY that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

Name of District / Agency Administrator or Designee *Print or type*	Title of District / Agency Administrator or Designee *Print or type*	Signature of District / Agency Administrator or Designee	Date Signed *Mo./Day/Yr.*
		➢	