



**PUGET SOUND ESD ECEAP
MONTHLY REIMBURSEMENT CLAIM
(CENTER CLAIMS 2014-15)**

Center Name:		Type Your Center Name ! (HERE)		CONTRACT NUMBER:	Claim Month & Year:
ESD CODE	2014-15	OBJECT OF EXPENDITURE	ECEAP Operation	ECEAP Admin.	USDA
SALARIES	3000	Salaries-Billed to ECEAP			
BENEFITS	4000	Benefits-Billed to ECEAP			
CONTRACTUAL	7290	Medical/Dental/Vision			
	7211	Mental Health			
	xxxx	Other (Please List)			
	3220	Additional Person in Classroom			
GOODS/SVCS	5800	USDA Child Food			
	7351	Food / Non USDA			
	7351	Adult Food			
SUPPLIES	5000	Office & Misc Supplies			
	5300	Classroom/ Educational Material			
	5820	Kitchen			
	5xxx	Other (Please List)			
	5xxx	Other (Please List)			
OCCUPANCY	7410	Telephone Services			
	7401	Utilities			
	7470	Facility Rentals - meeting & conference			
	7480	Building & Office Leases/Rent			
	7821	Building Maintenance			
	7820	Building Repair			
OTHER	5100	Postage			
	7220	Audit & Accounting Services			
	7110	Printing / Copying			
	7750	Parent Activity			
	7270	Insurance			
	7150	Advertising			
	7130	Membership			
	7140	Registration			
	7xxx	Other (Please List)			
	7xxx	Other (Please List)			
	7xxx	Other (Please List)			
	7xxx	Other (Please List)			
	xxxx	Special Funds			
TRAVEL	8000	Staff Travel Mileage			
	8200	Parent Mileage & Travel			
	7500	Child Transportation			
	7170	Field Trips			
	7500	Transportation (rentals-bus, van etc)			
	7840	Veh Repair/Maint			
	7270	Veh Insurance			
EQUIPMENT	9000	Office			
over \$5,000.	9000	Classroom			
Under \$5,000. =Supplies	9000	Kitchen			
	9000	Playground			
BLDG ALTER	91xx 92xx	Building Alterations - Construction			
TOTALS			-	-	-
OTHER CONTRACTS	3405-98-	EPSDT			
				TOTAL	\$ -

Signature

Date

Title

Please use **BLUE** ink

* NOTE: You may only enter numbers in the white areas.
These figures must be documented with appropriate back up.