### FISCAL YEAR

**Regional Training Council:** 

**Reporting Period:**
- July 1 – December 31
- January 1 – June 30

**Training School(s):**

**Regular Operating Budget:**

**Interest Budget:**

**Funding Code:**

#### I. Administrative Services: Personal Services/Miscellaneous

List Administrative Services Paid

**Approved Budget:** $

**Note:** All expenditures must have prior budget approval.

<table>
<thead>
<tr>
<th>Description of Services</th>
<th>PO # or JT#</th>
<th>Hours/Unit</th>
<th>Hourly Rate/Unit Cost</th>
<th>Total Expended</th>
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</table>
II. TRAINING EXPENDITURES: List, by training school, all courses paid for this reporting period.

   (13) APPROVED BUDGET $ ____________________________

   NOTE: ALL SUPPORTING COSTS MUST BE IN DIRECT SUPPORT OF COMMISSION-APPROVED ADVANCED/SPECIALIZED COURSES

   DO NOT ENTER ENCUMBERED FUNDS

<table>
<thead>
<tr>
<th>(14) COURSE CODE</th>
<th>(15) COURSE TITLE/SUPPORT ITEMS</th>
<th>(16) CLOCK COURSE HOURS</th>
<th>(17) COURSE DATE</th>
<th>(18) NO. OF STUDENTS</th>
<th>(19) TUITION COSTS</th>
<th>(20) INSTRUCTION COSTS</th>
<th>(21) SUPPORTING COSTS</th>
<th>(22) TOTAL EXPENDED</th>
</tr>
</thead>
</table>

COMPLETE ALL COLUMNS
III. OPERATING CAPITAL OUTLAY EXPENDITURES (OCO): List by training school. Each item must be directly related to the delivery of Commission-approved Advanced Training Courses or Specialized Training Program Courses.

NOTE: ALL ITEMS PURCHASED MUST HAVE PRIOR BUDGET APPROVAL

(23) APPROVED BUDGET $______________________

DO NOT ENTER ENCUMBERED FUNDS

<table>
<thead>
<tr>
<th>(24) PURCHASE ORDER NUMBER</th>
<th>(25) CHECK NUMBER</th>
<th>(26) DATE PAID</th>
<th>(27) ITEM DESCRIPTION/IDENTIFICATION (INCLUDE MODEL/serial NUMBER WHERE APPLICABLE)</th>
<th>(28) INVENTORY NUMBER</th>
<th>(29) UNITS</th>
<th>(30) UNIT COSTS</th>
<th>(31) TOTAL EXPENDED</th>
</tr>
</thead>
</table>

(32) FISCAL AGENT

(33) REGIONAL CHAIRPERSON

(34) DATE

(35) REVIEWED BY

(36) APPROVED BY

(37) DATE

COMPLETE ALL COLUMNS
FORM CJSTC-300
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