OFFICER TRAINING MONIES YEAR END FISCAL REPORT

(1) REGION TRAINING COUNCIL: ____________________________  (3) FISCAL YEAR ____________________________

(2) TRAINING SCHOOL: ____________________________  (4) OPERATING AND FIXED CAPITAL BUDGET ____  (5) PRELIMINARY ____

______________________________  (6) ORIGINAL BUDGET  (7) BUDGET WITH CHANGES  (8) EXPENDITURES  (9) FUNDS OBLIGATED OR ENCUMBERED  (10) UNEXPENDED

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>(6) ORIGINAL BUDGET</th>
<th>(7) BUDGET WITH CHANGES</th>
<th>(8) EXPENDITURES</th>
<th>(9) FUNDS OBLIGATED OR ENCUMBERED</th>
<th>(10) UNEXPENDED</th>
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<tbody>
<tr>
<td>ADMINISTRATIVE</td>
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<tr>
<td>TRAINING **</td>
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<tr>
<td>OPERATING CAPITAL</td>
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<tr>
<td>TOTALS</td>
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*ALL FUNDS OBLIGATED BY JUNE 30TH MUST BE EXPENDED BY DECEMBER 31. COMPLETE ATTACHMENT “A” FOR ALL ITEMS OBLIGATED OR ENCUMBERED.

**IF APPLICABLE, RECIPROCAL PAYMENT(S) RECEIVED $ ____________________________  (11) REFLECT INCREASE IN COLUMN 7

INTEREST ACCRUED FOR THIS FISCAL YEAR $ ____________________________  (12) SUBMIT BUDGET FOR EXPENDITURE OF INTEREST FUNDS

(13) PREPARED BY: ____________________________  (16) APPROVED BY: ____________________________

FISCAL AGENT  TRUST FUND ADMINISTRATOR

(14) SUBMITTED BY: ____________________________  (17) DATE: ____________________________

REGIONAL CHAIRPERSON

(15) DATE SUBMITTED: ____________________________  (18) REVIEWED BY: ____________________________

CRIMINAL JUSTICE PROFESSIONALISM PROGRAM

NOTICE: THIS REPORT MUST BE FILED WITH THE CRIMINAL JUSTICE PROFESSIONALISM PROGRAM WITHIN 120 DAY OF THE CLOSE OF THE GIVEN FISCAL YEAR.

Created 8/5/1998  Page _______ of ________
Commission-Approved Revisions: 2/7/2002  Form Effective Date: 11/5/2002
YEAR END FISCAL REPORT - ATTACHMENT “A”

(19) FISCAL YEAR: ________________________________

LIST OF FUNDS OBLIGATED/ENCUMBERED AS OF JUNE 30, ________________________________

(20) CATEGORY
____________________________________________________

TO BE COMPLETED AND SUBMITTED TO CRIMINAL JUSTICE PROFESSIONALISM PROGRAM BY JANUARY 31

<table>
<thead>
<tr>
<th>(21) PURCHASE ORDER NUMBER</th>
<th>(22) PURCHASE ORDER DATE</th>
<th>(23) ITEM DESCRIPTION (INCLUDE MODEL/SERIAL NUMBER, CLASS TITLE, DATES, # OF HOURS, # OF STUDENTS, WHERE APPLICABLE)</th>
<th>(24) AMOUNT ENCUMBERED</th>
<th>(25) ACTUAL AMOUNT PAID</th>
<th>(26) UNEXPENDED TO BE RETURNED</th>
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(27) TOTAL: ________________________________

FORM CJSTC-301
Page _______ to _______