KANSAS STATE DEPARTMENT OF EDUCATION

Perkins Program Income Form



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US	D number:	Name of educat	cional institution:			
Co	ntact name:			Title:		
Em	ail:			Phone:		
us or	ed in the generatio	n of Program e generation	າ Income. If you ເ	ısed local f	ise the equipment and/or supplies funds to purchase the equipment an o not need to report Program Income	
	Pathway Nam	e	Income Source	Gross Income Amount	Explain how income was re-invested	
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I	certify that all program incom	e was expended pri	for to drawing additional fe	deral grant fund:	S	
	Signature of pre	eparer	Date			

For more information, contact:

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Kansas leads the world in the success of each student.