

Program Code No. \_\_\_\_\_

INFORMATION FOR EACH TCOVE CLASS  
BY DISTRICT CONTRACTUAL AGREEMENT  
School Year 20 \_\_\_\_/20 \_\_\_\_

Program Code No. \_\_\_\_\_ Program Title \_\_\_\_\_

DATES: Fall Semester Beginning \_\_\_\_\_ Ending \_\_\_\_\_ Total Hours of Instruction Per Class  
Spring Semester Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Location \_\_\_\_\_

Projected Enrollment: \_\_\_\_\_ Projected ADA \_\_\_\_\_  
(ADA – Total Hours of Attendance ÷ 525)

PROPOSED BUDGETARY INFORMATION FOR THIS PROGRAM

<u>Budget Code</u>	<u>Item</u>	<u>Explanation</u>	<u>Amount</u>
1000	Certificated Salaries	_____	\$ _____ .00
2000	Classified Salaries	_____	\$ _____ .00
3000	Employee Benefits	_____	\$ _____ .00
4000	Books, Supplies	_____	\$ _____ .00
5000	Other Expenses	_____	\$ _____ .00
	Indirect Costs	_____	\$ _____ .00
6000	*Capital Outlay	_____	\$ _____ .00
7000	Other Outgo	_____	\$ _____ .00
		TOTAL EXPENDITURES	\$ _____ .00

Capital Outlay: _____	
_____	
_____	
Other: _____	
_____	
_____	

SUBTOTAL \$ \_\_\_\_\_ .00

\*Items costing \$200 or more must be listed and carried on a special TCOVE inventory.