

**REPORT ON THE FY \_\_\_\_\_ SBM GRANT UTILIZATION**  
as of \_\_\_\_\_

REGION: \_\_\_\_\_  
DIVISION: \_\_\_\_\_

|  | NAME OF SCHOOL | SCHOOL ID (BEIS) | NAME OF PRINCIPAL* | AMOUNT OF GRANT | CHECK NO. | DATE OF CHECK | DATE RELEASED TO SCHOOL | AMOUNT UTILIZED | AMOUNT LIQUIDATED | DATE OF LIQUIDATION | PROGRAM/PROJECT/ACTIVITIES CHARGED TO THE GRANT | EXPENDITURE ITEMS | REMARKS |
|--|----------------|------------------|--------------------|-----------------|-----------|---------------|-------------------------|-----------------|-------------------|---------------------|---|-------------------|---------|
| <b>I. Funded under GAA</b>                               |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| <b>A. Elementary</b>                                     |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| 1  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| 2  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| 3  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| ...  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| n  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| <b>B. Secondary</b>                                      |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| <b>i. Non-Implementing Units (w/out fiscal autonomy)</b> |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| 1  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| 2  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| 3  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| ...  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| n  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| <b>ii. Implementing Units (w/ fiscal autonomy)</b>       |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| 1  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| 2  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| 3  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| ...  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| n  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| <b>I. Funded under SPHERE (Elementary)</b>               |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| 1  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| 2  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| 3  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| ...  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |
| n  |                |                  |                    |                 |           |               |                         |                 |                   |                     |   |                   |         |

Note: \_\_\_\_\_  
\* The name of principal refers to the person who was issued the check.

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

SBM Coordinator \_\_\_\_\_

Division Accountant \_\_\_\_\_

Certified Correct by: \_\_\_\_\_

Date: \_\_\_\_\_

Chair, Division SBM Task Force  
Schools Division Superintendent