

**BUREAU OF LABOR STATISTICS  
LABOR MARKET INFORMATION  
OBLIGATIONS AND EXPENDITURES FORM**

**U.S. DEPARTMENT OF LABOR**



*See complete instructions in LMI Cooperative Agreement, Part II, Application Instructions.*

We estimate that it will take an average of 1 hours to complete this form including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Your response is required to obtain or retain benefits under 29 USC 49L-1. If you have any comments on the estimates or the form, send them to BLS\_PRA\_Public@bls.gov. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB Control No. 1220-0079  
Expiration Date: 06/30/2024

SECTION A – GRANTEE INFORMATION											
Application No. Grant No.	POP for Base Programs	State	Fiscal Year	POP for AAMCs		Date Prepared					
Name of Submitting Official:	Title of Submitting Official:		Month:								
SECTION B - COMPARATIVE DATA											
	CES	LAUS	OEWS	QCEW	Total Base Programs	CES AAMC	LAUS AAMC	OEWS AAMC	QCEW AAMC	Total AAMCs	Total Base + AAMCs
Fund Ledger Code(s)											
a. Cumulative Obligations											
b. Cumulative Expenditures											
c. Cumulative Cash Received											
SECTION C - REMARKS											

**Certification:** I certify to the best of my knowledge and belief that the information provided herein is accurate and complete, and was obtained from agency accounting records.

**Signature:**

**Date:**

## **INSTRUCTIONS FOR COMPLETING THE LMI OBLIGATIONS AND EXPENDITURES (ObEx) FORM**

The LMI Obligations and Expenditures (ObEx) form displays cumulative obligations, expenditures, and cash received by program. Cumulative is defined as the beginning of the cooperative agreement period to the end of report period regardless of the fiscal year in which the cooperative agreement began.

**Frequency:** Cumulative data for all lines must be completed and submitted to the BLS 30 calendar days after the end of each month.

**Section A – Grantee Information:** Complete all fields in Section A.

**Section B – Comparative Data:** Enter cumulative obligations, expenditures, and cash received for all programs and AAMCs (if applicable). Enter the appropriate fund ledger code in the field below the program names.

**Section C – Remarks:** This section has a 2,000-word limit.

**Certification** – Electronically sign certifying that the information provided is accurate and complete, and was obtained from agency accounting records.