| Principal Investigator: Institution: Project Title: Performance Period: Personnel Costs Supplies and Materials Other Direct Costs Stubcontracts Total Direct Costs Total Indirect Costs (25%) | Exper | ram Title: nse Report ant ID: | | Total Direct Costs: Total Indirect Costs: Total Grant Amount: | |
|--|---|--|----------------------------------|---|---|
| Institution: Project Title: Performance Period: Personnel Costs Supplies and Materials Other Direct Costs Subcontracts Total Direct Costs Total Indirect Costs (25%) | Gr | | | Total Indirect Costs: | |
| Institution: Project Title: Performance Period: Personnel Costs Supplies and Materials Other Direct Costs Subcontracts Total Direct Costs Total Indirect Costs (25%) | | ant ID: | | Total Indirect Costs: | |
| Personnel Costs Supplies and Materials Other Direct Costs Subcontracts Cotal Direct Costs Cotal Indirect Costs (25%) | GRANT AMOUNT | | | Total Indirect Costs: | |
| Performance Period: Personnel Costs Supplies and Materials Other Direct Costs Subcontracts Total Direct Costs Total Indirect Costs (25%) | GRANT AMOUNT | | | Total Indirect Costs: | |
| Performance Period: Personnel Costs Supplies and Materials Other Direct Costs Subcontracts Total Direct Costs Total Indirect Costs (25%) | GRANT AMOUNT | | | | |
| rersonnel Costs upplies and Materials Other Direct Costs ubcontracts otal Direct Costs otal Direct Costs otal Indirect Costs (25%) | GRANT AMOUNT | | | Total Grant Amount. | \$0.00 |
| upplies and Materials ther Direct Costs ubcontracts otal Direct Costs otal Indirect Costs (25%) | GRANT AMOUNT | | | | |
| upplies and Materials ther Direct Costs ubcontracts otal Direct Costs otal Indirect Costs (25%) | | YEAR 1 | YEAR 2 | TOTAL EXPENDITURES | REMAINING BALANCE |
| other Direct Costs ubcontracts otal Direct Costs otal Indirect Costs (25%) | | | | \$0.00 | \$0.00 |
| ubcontracts otal Direct Costs otal Indirect Costs (25%) | | | | \$0.00 | \$0.00 |
| otal Direct Costs otal Indirect Costs (25%) | | | | \$0.00 | \$0.00 |
| tal Indirect Costs (25%) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| ``` | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| OTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| OTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| JIAL | | | | | |
| accounting Officer Signature | | Accounting Officer Name A | Accounting Officer Name | Email Address / Phone Number | |
| INSTRUCTIONS: | | | | | |
| lease fill in the columns labeled I, II (if applicable), Total Expen | ditures and Remaining Balance. Once the columns have been completed, w format and submit the expen | ve will need a signature from the Granse report as an Excel spreadsheet. | nts Management office (or equiva | lent) in order to accept the expense repo | ort. Please keep this file in its origi |