

The "Sponsor Name"

Program Title:
Expense Report
Grant ID:

Principal Investigator:
Institution:
Project Title:
Performance Period:

Total Direct Costs:
Total Indirect Costs:
Total Grant Amount: \$0.00

	<i>GRANT AMOUNT</i>	<i>YEAR 1</i>	<i>YEAR 2</i>	<i>TOTAL EXPENDITURES</i>	<i>REMAINING BALANCE</i>
Personnel Costs				\$0.00	\$0.00
Supplies and Materials				\$0.00	\$0.00
Other Direct Costs				\$0.00	\$0.00
Subcontracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Direct Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Indirect Costs (25%)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Accounting Officer Signature

Accounting Officer Name Accounting Officer Name Email Address / Phone Number

INSTRUCTIONS:
Please fill in the columns labeled I, II (if applicable), Total Expenditures and Remaining Balance. Once the columns have been completed, we will need a signature from the Grants Management office (or equivalent) in order to accept the expense report. Please keep this file in its original format and submit the expense report as an Excel spreadsheet.

Thank you for your cooperation!