

GRANTEE/CONTRACTOR EXPENDITURE:

| (A) Materials and Equipment | Receipt/Invoice# | Amount |
|------------------------------------|-------------------------|---------------|
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| SUB-TOTAL | | |

| (B) Labor - Description (Job Title) and number of hours worked | Hourly Rate | Amount |
|---|--------------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| SUB-TOTAL | | |

(C) _____ % Indirect Cost (fill in if applicable)

(D) SUB-CONTRACTOR'S EXPENDITURE:

| Company Name | Invoice # | Amount |
|---------------------|------------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| SUB-TOTAL | | |

GRAND TOTAL (A+B+C+D)*

NOTE: (1) * Should agree with "Total Costs Incurred This Period" on page 1