

Personnel Salaries and Wages

| Invoice/Receipt Date | Vendor | Description | Total Cost | Total Cost to Grant |
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| Totals: | | | | |

Note: Organize supporting documentation in the same order of entry on the form.



Personnel Fringe Benefit

| Invoice/Receipt Date | Vendor | Description | Total Cost | Total Cost to Grant |
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| Totals: | | | | |

Note: Organize supporting documentation in the same order of entry on the form.



Contractual

| Invoice/Receipt Date | Vendor | Description | Total Cost | Total Cost to Grant (minus sales tax) |
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| Totals: | | | | |

Note: Organize supporting documentation in the same order of entry on the form.

Travel

| Invoice/Receipt Date | Vendor | Description | Total Cost | Total Cost to Grant |
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| Totals: | | | | |

Note: Organize supporting documentation in the same order of entry on the form.



Supplies (items with unit cost under \$5,000)

| Invoice/Receipt Date | Vendor | Description | Total Cost | Total Cost to Grant (minus sales tax) |
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| Totals: | | | | |

Note: Organize supporting documentation in the same order of entry on the form.

Equipment (items with unit cost under \$5,000)

| Invoice/Receipt Date | Vendor | Description | Total Cost | Total Cost to Grant (minus sales tax) |
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| Totals: | | | | |

Note: Organize supporting documentation in the same order of entry on the form.



Administrative Cost (Up to 10%, unless NICRA)

| Invoice/Receipt Date | Vendor | Description | Total Cost | Total Cost to Grant (minus sales tax) |
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| Totals: | | | | |

Note: Organize supporting documentation in the same order of entry on the form.

Please make sure to include any time sheets showing administrative hours assigned to the project, as well as proof of payment to the employee named and to show the calculations used to arrive at the totals.



Client Direct Services/Assistance

| Invoice/Receipt Date | Vendor | Description | Total Cost | Total Cost to Grant (minus sales tax) |
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| Totals: | | | | |

Note: Organize supporting documentation in the same order of entry on the form.