

Expenditure Reconciliation Report

Contract #:				
Period Covered:	From XX/XX/XXXX To XX/XX/XXXX			
I. PERSONNEL SERVICES				
(a) SALARIES		\$	-	
(b) FRINGE		\$		
		-		
TOTAL		\$		
II. EXPENSES				
(a) Building Occupancy		\$		
(b) Professional Services	5	\$	-	
(c) Employee Travel		\$	-	
(d) Equipment Costs		\$	-	
(e) Supplies		\$	-	
(f) Staff Training		\$	-	
(f) Incidental Expenses		\$	-	
(h) Insurance		\$	_	

III. Administration

(i) Interest*

TOTAL

(a) Rate	 10.00%
TOTAL	\$
GRAND TOTAL	\$ -

^{*} Interest must be reimbursable under 2 CFR §200

Position Title	# of FTEs	Fringe Benefits	Salary Paid
Tatal			0 0
Total			0 0

Description	Amount Paid
Total	

	Description Amount Paid	Amount Paid
1-1		
1-1		
1-al		
	otal	

Position	Reason for Travel	# of Miles	Amount Paid
Total			0 0

Description	Amount Paid
Total	

Item	Amount Paid
Total	0

Position	Training	Amount Paid
Total		0

Client ID (NOT SSN)	Date	Description	Amount Paid
Total			\$ -

Description	Amount Paid
Total	

Description*	Amount Paid
Total	0

^{*} Must be reimbursable under 2 CFR §200