



# HEALTH RESEARCH INCORPORATED

HRI Account Number(s) : \_\_\_\_\_

Contract Dates : \_\_\_\_\_

HRI Contract Number : \_\_\_\_\_

Contractor: \_\_\_\_\_

Payee Reference #: \_\_\_\_\_

Contract Project Director: \_\_\_\_\_

Report for Period : \_\_\_\_\_ to \_\_\_\_\_

Budget Items	Budget Amount	Expenditures Prior Periods	Expenditures Current Period	Expenditures to Date	Balances
*Salary	\$0		\$ -	\$ -	\$ -
Fringe	\$0	\$ -	\$ -	\$ -	\$ -
Supplies	\$0	\$ -	\$ -	\$ -	\$ -
Travel	\$0	\$ -	\$ -	\$ -	\$ -
*Equipment	\$0	\$ -	\$ -	\$ -	\$ -
*Miscellaneous	\$0	\$ -	\$ -	\$ -	\$ -
*Contractual	\$0	\$ -	\$ -	\$ -	\$ -
*Indirect	\$0	\$ -	\$ -	\$ -	\$ -
Restricted	\$0				\$ -
TOTALS	\$0	\$ -	\$ -	\$ -	\$ -

Reimbursement Requested: \$ \_\_\_\_\_ -

\* Note - Please use attached Report of Expenditures to provide detail.

By signing this report, I hereby certify to the best of my knowledge and belief that the report is true, complete, and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

**Approvals:** (include date)

PI/Contract Manager: \_\_\_\_\_

Admin (AI Only): \_\_\_\_\_

HRI: \_\_\_\_\_

**Contractor Approvals:**

Signature \_\_\_\_\_

Name: \_\_\_\_\_

(Please print)

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone # \_\_\_\_\_

Date: \_\_\_\_\_

FOR THE PERIOD : \_\_\_\_\_

## SALARY EXPENSE

[illegible]

**TOTAL: \$ -**

**By submission of this claim, contractor certifies that it has on file and available for audit by HRI, personnel activity reports supporting allocation of the above salary expenses to the activity authorized under its contract with HRI.**

- A) Enter the name and title of the employee claimed (one employee per line)
- B) Enter the (12 month) ACTUAL annual salary earned during this claim period even if this differs from the approved budget.  
Add in Notes if this annual salary differs from what is approved on the budget.
- C) Enter the ACTUAL effort percentage worked by the employee for the period claimed
- D) Enter the budgeted salary amount of the employee
- E) Enter the cumulative prior expenses vouchered for the employee
- F) Enter the amount being claimed on the current voucher for the employee
- G) Enter the pay periods being claimed on the current voucher for the employee
- H) Enter the # of pay periods being claimed on the current voucher for the employee
- I) Enter the total expense being claimed to date for the employee (E+F)
- J) Enter the notes needed to explain the amounts claimed

ORGANIZATION: \_\_\_\_\_

FOR THE PERIOD: \_\_\_\_\_

**FRINGE EXPENSES**

ITEM OF EXPENSE*	BUDGETED AMOUNT	EXPENSE PRIOR PERIOD	EXPENSE CURRENT PERIOD	TOTAL EXPENSE TO DATE	NOTES
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	

TOTAL: \$ -

ORGANIZATION: \_\_\_\_\_

FOR THE PERIOD: \_\_\_\_\_

**SUPPLIES EXPENSES**

ITEM OF EXPENSE*	BUDGETED AMOUNT	EXPENSE PRIOR PERIOD	EXPENSE CURRENT PERIOD	TOTAL EXPENSE TO DATE	NOTES
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	

TOTAL: \$ -

ORGANIZATION: \_\_\_\_\_

FOR THE PERIOD: \_\_\_\_\_

**TRAVEL EXPENSES**

ITEM OF EXPENSE*	BUDGETED AMOUNT	EXPENSE PRIOR PERIOD	EXPENSE CURRENT PERIOD	TOTAL EXPENSE TO DATE	NOTES
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	

TOTAL: \$ -

FOR THE PERIOD: \_\_\_\_\_

[illegible]

1. Invoices must be dated within the contract period. If an invoice is dated after the end of the contract period, a purchase order dated within the contract period must be submitted.
2. Payment information must be included for each item of equipment. Allowable support includes a copy of the cancelled check or check #, check date and amount of check.
3. Serial numbers are are required for all items of equipment where applicable.

ORGANIZATION: \_\_\_\_\_

FOR THE PERIOD: \_\_\_\_\_

**MISCELLANEOUS EXPENSES**

ITEM OF EXPENSE	BUDGETED AMOUNT	EXPENSE PRIOR PERIOD	EXPENSE CURRENT PERIOD	TOTAL EXPENSE TO DATE	NOTES
Rent/Space Costs*				\$ -	
				\$ -	
				\$ -	
				\$ -	
Telephone				\$ -	
				\$ -	
				\$ -	
Other**				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	

TOTAL: \$ -

\*Include Location(s) of Property

\*\* An itemization of charges is required for all costs included under "Other"

ORGANIZATION: \_\_\_\_\_

FOR THE PERIOD: \_\_\_\_\_

**SUBCONTRACT/CONSULTANT EXPENSES\***

CONTRACTOR CONSULTANT NAME	BUDGETED AMOUNT	EXPENSE PRIOR PERIOD	EXPENSE CURRENT PERIOD	PERIOD OF SERVICE	TOTAL EXPENSE TO DATE	NOTES
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	

**TOTAL: \$ -**

**\*Backup is always required for ALL Contractual Costs.** An invoice for any contractual cost can be accepted as backup. An invoice is required if the subcontractor is a business/entity. A breakdown of rate/hours worked would only be accepted as backup for a consultant/individual. Grantee cannot voucher on a subcontractor who is still TBH/TBD on the budget. Subcontractor/Consultant must be listed on the budget and have a completed workscope (if applicable) prior to vouchering



ORGANIZATION: \_\_\_\_\_

CONTRACT #: \_\_\_\_\_

Federal IDC Rate \_\_\_\_\_% or MTDC Requested Rate \_\_\_\_\_%

FOR THE PERIOD:

BASED ON \_\_\_\_\_

**INDIRECT EXPENSES**

ITEM OF EXPENSE	BUDGETED AMOUNT	EXPENSE PRIOR PERIOD	EXPENSE CURRENT PERIOD	TOTAL EXPENSE TO DATE	NOTES
Indirect Cost				\$ -	

**TOTAL: \$ -**