



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: _____

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: \$ -