

ORGANIZATION'S LETTERHEAD

INVOICE NUMBER

INVOICE DATE

UNIVERSITY OF SOUTH CAROLINA
 ATTN: CONTROLLER'S OFFICE
 1600 HAMPTON ST, SUITE 612
 COLUMBIA, SC 29208

REIMBURSEMENT REQUEST FOR EXPENDITURES THROUGH **MM/DD/YY - MM/DD/YY (Specific Billing Period)**

GRANT NAME: **GRANT NAME OR TITLE**

GRANT: **GRANT # / SUBAWARD # / PROJECT #**

PRINCIPAL INVESTIGATOR: **PI NAME**

AWARD BEGIN DATE: MM/DD/YY

AWARD END DATE: MM/DD/YY

CATEGORY	BUDGET	CURRENT	CUMULATIVE
SALARIES	5,693.00	0.00	22,784.79
FRINGE BENEFIT	0.00	0.00	5,286.24
TRAVEL	0.00	0.00	0.00
SUPPLIES	0.00	0.00	0.00
FIXED CHARGES	0.00	0.00	0.00
CONTRACTUAL SERVICES	79,858.00	4,117.50	54,552.97
GENERAL CONTINGENCY	0.00	0.00	0.00
TOTAL DIRECT COSTS	85,551.00	4,117.50	82,624.00
INDIRECT COSTS	23,755.00	0.00	22,576.86
TOTAL COSTS	109,306.00	4,117.50	105,200.86
COST SHARE (IF APPLICABLE)	0.00	0.00	0.00
TOTALS INCLUDING COST SHARE	109,306.00	4,117.50	105,200.86

NON-FEDERAL CERTIFICATION STATEMENT: I certify that all expenditures reported (or payments requested) are for appropriate purposes and are in accordance with the agreements set forth in the application and award documents.

FEDERAL CERTIFICATION STATEMENT: By signing this report, I 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 purpose and objectives set forth in the terms and conditions of the Federal award. 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. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)

AMOUNT DUE: \$4,117.50

 PRINTED NAME, TITLE OF SIGNATORY
 ALONG WITH SIGNATURE.