**Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reporting Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **The authorized financial officer of the Grantee Institution must approve this form. Fill in the previous payment information as applicable and attach a detailed list of current expenditures by category (salaries, supplies, travel, animal, participants, equipment, other) to support the expenses. The report cannot be processed without this supporting documentation. The OREF may request copies of invoices as deemed necessary. Financial reports are required bi-annually.** |

**Current Personnel Expenses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Personnel Expenses Reported: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Consumable Supplies: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Consumable Supplies Reported: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Travel Expenses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Travel Expenses Reported: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Animal or Participant Expenses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Animal or Participant Expenses Reported: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permanent Equipment Expenses ($500 or more): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All Other Current Expenses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous All Other Expenses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Expenses to date: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I certify that this information was taken from the books and records of the institution, includes only grant funded revenues and expenditures, and correctly reflects the year-to-date accounting of the above project.**

**Report prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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