

Project Claim Form

Project Number: _____ Fiscal Year: _____ Length of Project: _____
 Claim Number: _____ Date From: _____ Percent of Time Used: _____
 Date Submitted: _____ Date To: _____ Percent of Work Completed: _____

Name of Project: _____
 Contractor: _____
 Payment Address: _____
 Federal ID: _____

	Item	Total Project Budget	Fiscal Year Budget	This Claim	Approved Amount
1	Salaries	_____	_____	_____	_____
2	Wages	_____	_____	_____	_____
3	Fringe Benefits	_____	_____	_____	_____
4	Supplies & Services	_____	_____	_____	_____
5	Travel	_____	_____	_____	_____
6	Indirect Cost	_____	_____	_____	_____
7	Tuition	_____	_____	_____	_____
8	Subcontract	_____	_____	_____	_____
9	Equipment	_____	_____	_____	_____
	Totals	_____	_____	_____	_____

Examined & Approved: _____

Certified Correct: _____

Principal Investigator _____

Internal Use

Adjustments:

Project Number: _____ Requisition: _____
 Expenditure Type: _____ Purchase Order: _____
 Task Number: _____ Payment Date: _____
 Expenditure Organization: _____ Payment Number: _____

Department Approval Signatures from Doc Express Attached