

RESEARCH PROJECT CLAIM

Job No.	_____	Project No.	_____
Object No.	_____	Claim No.	_____
Function No.	_____	Fiscal Yr.	_____
Budget No.	_____	From	_____
		To	_____

Name of Project _____
 Contractor _____
 P.O. Address _____
 Federal ID. _____

ITEM NO.	ITEM	ESTIMATED PROJECT COST	TOTAL SPENT TO DATE	THIS CLAIM	TOTAL CLAIM THIS FISCAL YEAR
1	Salaries				
2	Wages				
3	Fringe Benefits				
4	Supplies & Services				
5	Travel				
6	Indirect Cost				
7	Tuition				
8	Subcontract				
9	Equipment				
TOTALS					

	GRAND TOTAL FISCAL YEAR	_____
	LESS PREVIOUS CLAIM	_____
	AMOUNT DUE THIS CLAIM	_____
Length of Project Time	_____	
Percent of Time Used	_____	
Percent Work Complete	_____	

Examined and Approved:	Certified Correct:
_____	_____
Principal Investigator	Controller

EXCEPTIONS

Approved:	Examined & Checked By:
_____	_____
Staff Research Engineer	Project Coordinator

Approved For Payment:	Recommended:
_____	_____
System Information & Research Engineer	Administrative Officer

Paid Voucher No. Date _____

Auditor