

# Subrecipient Expenditure Report

<b>Send Invoice to:</b> The University of Colorado Payable Service CBDC 119 PO Box 173364 Denver, CO 80217-3364	<b>Award Period:</b> <u>(total period of performance-POP)</u> <b>Award Number:</b> _____ <b>Institution:</b> <u>(name of subrecipient)</u> <b>Name of PI:</b> _____ <b>Project Title:</b> _____ <b>Period of Invoice:</b> <u>(time period for "current" expenses)</u> <b>SPO Number:</b> <u>(SPO # for this award)</u>
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Expense Categories	Award Budget	Current Expenditures	Cumulative Expenditures	Balance
<b>Salaries:</b>				
Professional				\$0.00
Administrative				\$0.00
Students				\$0.00
Other				\$0.00
<b>SALARIES SUBTOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Benefits				\$0.00
<b>SALARIES TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Operating Expenses:</b>				
Tuition				\$0.00
Consultants				\$0.00
Other Services				\$0.00
Supplies & Materials				\$0.00
Equipment*				\$0.00
<b>Travel:</b>				
Domestic**				\$0.00
International**				\$0.00
<b>Total Direct Costs</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Indirect Costs</b>				
<b>TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

\**Equipment* = attach supporting documentation for any equipment valued greater than \$5,000, including its description, date purchased, purchase amount, and any necessary authorization

\*\**Travel* = if travel is not a line item in the budget or it exceeds the budgeted amount, pre-authorization should be obtained from the University of Colorado. For travel that is included in the budget, provide documentation to substantiate that the person traveling was someone being paid by this award.

*I certify that, to the best of my knowledge and belief, all expenditures reported represent actual expenditures incurred during the period listed and were incurred for the purposes of this award. I further certify that all expenditures are on file and are available for review or audit and that payment for the costs claimed above have not been received.*

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

**Questions? Call (303) 315-2846**