|  |  |
| --- | --- |
| **Implementing Agency:** |       |
| **Project Number:** |       |  | **Claim Number:**(Example: G0527001) |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vendor** | **Date Paid** | **EFT/Check/Voucher Number** | **Amount** | **Indirect Costs****(If Applicable)** | **Description/Subgrant Line Item** |
| **Contractual Services** |  |  |  |  |  |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **Total Contractual Services:** | **$0.00** | **$0.00** |  |
| **Expenses** |  |  |  |  |  |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **Total Expenses:** | **$0.00** | **$0.00** |  |
| **Equipment Costing $10,000 or More** |  |  |  |  |  |
|       |       |       |       |  |       |
|       |       |       |       |  |       |
| **Total Equipment:** | **$0.00** |  |  |
| Enter the total of each category of cost on DOT 500-065-07 to the corresponding category on DOT 500-065-04. |