|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. | | | | | |