

OSRI Financial Reporting Form

Final Report

Contract No.: **05-10-11**

(Examples: 05-10-05, 05-10-07)

Date of Invoice:

Contractor/Institution:
 Remittance Address:

Contact Information: Name: Phone No.:
 Email:

Project Title:

Principal Investigator(s):

Grant Period:

Period Covered by This Invoice: To

Cumulative Summary:	Total Funds Approved By OSRI:	\$ 15,000.00	(Automatic from table below)
	OSRI Funds Received to Date:	\$ 15,000.00	
	Funds Requested in this Invoice:	\$ -	
	TOTAL REMAINING:	\$ -	

CURRENT INVOICE DETAILS:

Cost Categories	Approved funds by category	Previously reported expenses	Expenses this invoice	Cumulative expenses with this invoice	Total funds remaining after this invoice
a. Personnel Salaries	\$ 7,124.00	\$ 8,923.48		\$ 8,923.48	\$ (1,799.48)
b. Fringe Benefits				\$ -	\$ -
c. Travel	\$ 1,310.00	\$ 560.00		\$ 560.00	\$ 750.00
d. Equipment				\$ -	\$ -
e. Supplies	\$ 62.80	\$ 118.00		\$ 118.00	\$ (55.20)
f. Contractual/consultants	\$ 3,080.00	\$ 1,975.32		\$ 1,975.32	\$ 1,104.68
g. Construction				\$ -	\$ -
h. Other				\$ -	\$ -
i. Total Direct Charges	\$ 11,576.80	\$ 11,576.80	\$ -	\$ 11,576.80	\$ -
j. Indirect	\$ 3,423.20	\$ 3,423.20		\$ 3,423.20	\$ -
k. TOTAL COSTS	\$ 15,000.00	\$ 15,000.00	\$ -	\$ 15,000.00	\$ -

Signed:

Dated:

Notes:

- Please make copies of this form as needed to submit with invoices.
- Mail paper copies of this form and invoices to:

Penelope Oswalt, Finance Manager
 Oil Spill Recovery Institute
 P.O. Box 705
 Cordova, AK. 99574
 Phone: (907)-424-5800 ext. 224

- Email electronic copy of this form to:

penya5@pwssc.gen.ak.us