

Oil Spill Recovery Institute (OSRI) Financial Reporting Form

OSRI Contract No.:

(Examples: 08-10-05, 08-10-07)

Date:

Contractor/Institution:

Remittance Address:

Contact Information:

Name:

Phone No.:

Email:

Project Title:

Principal Investigator(s):

Grant Period:

Period for This Report or Invoice:

To

Cumulative Summary:

Total Funds Approved By OSRI:

\$ -

(Automatic

OSRI Funds Received to Date:

\$ -

from table below)

Funds Requested in this Invoice:

\$ -

TOTAL REMAINING:

\$ -

CURRENT Report or 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				\$ -	\$ -
b. Fringe Benefits				\$ -	\$ -
c. Travel				\$ -	\$ -
d. Contractual/consultants				\$ -	\$ -
e. Commodities/Supplies				\$ -	\$ -
f. Equipment				\$ -	\$ -
i. Total Direct Charges	\$ -	\$ -	\$ -	\$ -	\$ -
j. Indirect				\$ -	\$ -
k. TOTAL COSTS	\$ -	\$ -	\$ -	\$ -	\$ -

Signed:

Dated:

Notes:

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

Penelope Oswald, Finance Manager
Oil Spill Recovery Institute
P.O. Box 705
Cordova, AK. 99574
Phone: (907)-224-6300 ext. 224

3. Email electronic copy of this form to:

penya5@pwssc.gen.ak.us
and also to
wspgaw@pwssc.org

(Form Date: Oct 20, 2008)