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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vendor** | **Date Paid** | **EFT/Check/Voucher Number** | **Amount** | **Description/Subgrant  Line Item** |
| 2. Contractual Services |  |  |  |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
| **Total Contractual Services:** | | | **$0.00** |  |
| 3. Expenses |  |  |  |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
| **Total Expenses:** | | | $0.00 |  |
| 4. Operating Capital Outlay (OCO) |  |  |  |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
| **Total OCO:** | | | **0.00** |  |
| 5. Indirect Cost      % | **Total Indirect Cost:** | | **$** |  |
| Enter the total of each category of cost on DOT 500-065-07 to the corresponding category on DOT 500-065-04. | | | | |