

CONTRACTORS DETAILED STATEMENT OF COSTS

**U.S. DEPARTMENT OF LABOR
Employment and Training Administration**

Contractor's Name		Contract Number		
		Invoice Number		
Cost Category	Contract Budget	Cumulative Final Cost to	Costs for Report Month	Estimated Costs to
	(1)	(2)	(3)	(4)
Salaries and Wages				
Fringe Benefits				
TOTAL PERSONNEL COSTS				
Other Expenses (Specify & list below)				
TOTAL OTHER EXPENSES				
TOTAL CONTRACT COSTS				