

Company Name: Statement of Amounts Claimed Invoice Number:	Statement of Cost – Cost Type/Cost Share
	DATE: _____

Direct Labor						
Job Title	Name	Current Hours	Rate	Current Amount	Cumulative Hours	Cumulative Amount

Other Direct Material			
Description	Purchase Date	Government Property Y/N	Total Cost

Subcontractor Cost						
Job Title	Name	Current Hours	Rate	Current Amount	Cumulative Hours	Cumulative Amount

Travel Cost						
Traveler Name	Destination	Travel Start	Travel End	Expense Code (enter 1 – 8)	Amount Claimed for Reimbursement	

Expense Code:

- | | |
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| <ul style="list-style-type: none"> 1. Airfare 2. Ground transportation 3. Lodging 4. Per Diem (First & Last Day not to exceed 75% of M&EI) | <ul style="list-style-type: none"> 5. Business Center (copies, internet access, fax) 6. Phone 7. Hotel Tax 8. Other [Describe: _____] |
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