ATTACHMENT D
Page 1 of 2
Grant Expenditure Details

Must be Submitted with Attachment E (Invoice)

	Company Name: Address: Billing Representative (POC) Name, Phone, and Email			
	Grant Number [Grant Agreement #] - Actual Expenditures			
Milestone #	Grant Budget	Total Costs, Inception to Date*	Total Amount Paid by CASIS, Inception to Date	Amount Sought for Payment, Current Period**
	$	$	$	$
	Certification: I certify that to the best of my knowledge and belief the cost data contained herein is current, accurate, and complete, and that all outlays were made in accordance with this Agreement.			
	Date:	Name and Title of Official:		
	Signature:			

Above signature must be digitally signed

* Provide explanation of any significant variance between budgeted amount and incurred cost-to-date. Provide a detailed description of the expense.

** Grantee is entitled to payment (based on incurred costs) up to the not-to-exceed amount set forth in Article 4.1.

ATTACHMENT D
Page 2 of 2
Incurred Cost Report

Must be Submitted with Attachment E (Invoice)

Company Name: Address: Billing Representative: (Name, phone, and email) Billing Period:				
Total Incurred Cost for Grant Agreement #_____				
Cost Categories*	Total Budgeted Amount	Total Incurred Cost, Inception to Date	Amount Paid by CASIS, Inception to Date	Amount Due (or Owed)
Salaries/Fringe				
Material & Supplies				
Travel				
Equipment >$5K				
Supply/Material				
Subcontracts				
Implementation Partner				
Indirect Costs**				
Totals				
Certification: I certify that to the best of my knowledge and belief the cost data contained herein is current, accurate and complete, and that all outlays were made in accordance with this Agreement.				
Date:		Name and Title of Official:		
Signature:				

* You may use other cost categories, to match how your organization keeps its cost records.
** Indirect costs are subject to the maximum set forth in Section 5(a)(iii).