

RESEARCH PROJECT CLAIM

Job No. _____
Object No. _____
Function No. _____
Budget No. _____

Project No. _____
Claim No. _____
Fiscal Yr. _____
From _____
To _____

PI: _____

Name of Project: _____
Contractor: _____
P.O. Address: _____
Federal ID: _____

ITEM No.	ITEM	Estimated Project Cost	Total Spent To Date	Fiscal Yr Estimate	Previous Claim FY	This Claim	Total Claim This Fiscal Year
1	Salaries						
2	Wages						
3	Fringe Benefits						
4	Supplies & Services						
5	Travel						
6	Indirect Cost						
7	Tuition						
8	Subcontract						
9	Equipment						

TOTALS

Length of Project Time	_____	Grand Total Fiscal Year	_____
Percent of Time Used	_____	Less Previous Claim	_____
Percent Work Completed	_____	Amount Due This Claim	_____

Examined & Approved:

Certified Correct:

Principal Investigator

Director of Research Accounting

EXCEPTIONS

Approved:

Examined & Checked By:

Staff Research Engineer

Project Coordinator

Approved For Payment:

Recommended:

System Information & Research Engineer

Administrative Officer

Paid Voucher No. Date _____