

**Research Inventory Grant Program: Final Expenditures Report**  
 (To be filled out and signed by the host institution's project director and fiscal agent)

Grantee: \_\_\_\_\_ Grant ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Grant Period: from \_\_\_\_\_ to \_\_\_\_\_.

Name/Description	Amount Of Time	Approved Grant Budget	Actual Expenses
A. Project Director			
B. Inventory Taker			
C. Materials			
D. Other (describe)			
<b>TOTAL</b>			

---

We certify that the foregoing information is true and correct, and that all expenditures were incurred solely for the purposes of the above-numbered grant, during the grant period, and in accordance with the agreed conditions of the award.

Project Director \_\_\_\_\_

Date \_\_\_\_\_

Project Treasurer \_\_\_\_\_

Date \_\_\_\_\_