

** STATE OF MISSISSIPPI **
 CLAIM SUPPORT FORM: COST REIMBURSEMENT

(1) CLAIM SUBMISSION DATE:
 (2) CLAIM FOR THE PERIOD OF:

FUNCTIONAL AREA : 1651 HUMAN SERVICES
 COST CENTER : DIVISION
 GRANTEE ID :
 AGREEMENT NUMBER :
 AGREEMENT PERIOD : FROM TO

(3) CLAIM NUMBER:
 (4) CLAIM AMOUNT:
 PROGRAM NUMBER:

VENDOR NAME :
 ADDRESS :
 :

PROGRAM DESCRIPTION:

EXPENSE TYPE	DESCRIPTION	(5) AGREEMENT BUDGETED	(5) CUMULATIVE CLAIMS REQUESTED TO DATE	(6) FEDERAL CLAIM AMOUNT	(7) STATE CLAIM AMOUNT	(8) CUMULATIVE CLAIM TO DATE	(9) OTHER (SUB-RECIPIENT MATCH)
10	SALARIES			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	FRINGES BENEFITS			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
30	TRAVEL			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
40	CONTRACTUAL SERVICES			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
50	COMMODITIES			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
60	SUBSIDIES, LOANS, & GRANTS			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
70	INDIRECT COST			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
80	CAPITAL OUTLAY-EQUIPMENT			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTALS:		=====	=====	=====	=====	=====	=====

FINAL AUDIT OF THIS PROJECT WILL INCLUDE VERIFICATION OF ABOVE CLAIMED PAYMENT FROM PROJECT DIRECTOR'S SOURCE RECORDS

 (10) SIGNATURE OF AUTHORIZED OFFICIAL

 (11) DATE

 (12) PROGRAMS APPROVAL