

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

(1) CLAIM SUBMISSION DATE: 11/1/2016
 (2) CLAIM FOR THE PERIOD OF: October 2016

FUNCTIONAL AREA : 1651 HUMAN SERVICES
 COST CENTER : 165100000 DIVISION
 GRANTEE ID : 310000000
 AGREEMENT NUMBER : 6001234
 AGREEMENT PERIOD : FROM 10/01/2015 TO 09/30/2017

(3) CLAIM NUMBER: 500001234
 (4) CLAIM AMOUNT: 9,120.00
 PROGRAM NUMBER: 700000001234

VENDOR NAME : ANY SUBGRANTEE, INC.
 ADDRESS : P.O. BOX 998
 : ANYTOWN MS 39999

PROGRAM DESCRIPTION: 2017 S/G TRAINING

EXPENSE TYPE	DESCRIPTION	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	300,000.00	0.00	3,500.00	0.00	3,500.00	0.00
20	FRINGES BENEFITS	60,000.00	0.00	750.00	0.00	750.00	0.00
30	TRAVEL	1,500.00	0.00	550.00	0.00	550.00	0.00
40	CONTRACTUAL SERVICES	50,000.00	0.00	1,500.00	0.00	1,500.00	0.00
50	COMMODITIES	10,000.00	0.00	350.00	0.00	350.00	0.00
60	SUBSIDIES, LOANS, & GRANTS	5,550.00	0.00	645.00	0.00	645.00	0.00
70	INDIRECT COST	1,500.00	0.00	1,000.00	0.00	1,000.00	0.00
80	CAPITAL OUTLAY-EQUIPMENT	1,500.00	0.00	825.00	0.00	825.00	0.00
TOTALS:		430,050.00	0.00	9,120.00	0.00	9,120.00	0.00

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