

RESILIENT NJ GRANT PROGRAM					
SUBRECIPIENT REQUEST FOR REIMBURSEMENT					
Expenditure Report : For the period beginning _____ and ending _____					
Grant Recipient Name				Grant ID: CFR19-_____	
Project Name					
Invoice #				Date submitted:	
Expenses Category	Approved Project Budget	Previously Reported Cumulative Expenditures	Cumulative Expenditures	Current Expenditures	Budget Balance
A. Personnel Costs					
Salaries					
Fringe Benefits					
B. Consultants and Subcontractors					
C. Other Costs - Specify below:					
o					
o					
o					
o					
o					
o					
Subtotal Direct Costs					
Total Indirect Costs					
(Indicate rate: _____%)					
Total Project amount					

CERTIFICATION BY FINANCIAL OFFICER

I certify that the above expenditures for the period are accurate as stated, that all procurements or expenditures for which payment is requested have been made in accordance with the standards contained in this agreement as well as all applicable Federal and State laws, and that each obligation for which an expenditure is listed arose during the Work Period.

CERTIFICATION FOR FEDERALLY-FUNDED AGREEMENTS

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State and/or Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

SIGNATURE: _____

DATE: _____

NAME: _____

TITLE: _____