

MAA GRANT EXPENSE REPORTING FORM

PAYABLE

TO: _____

DATE: _____
 GRANT NAME: _____
 GRANT NUMBER: _____

SIGNATURE _____ SSN# _____

AUTHORIZATION SIGNATURE _____

***NOTE: A TIME AND ATTENDANCE FORM IS REQUIRED WHEN RECEIVING PAYMENT FOR PERSONNEL EXPENSES.**

*PERSONNEL EXPENSES		Account	Task #
Professional Salaries: Dates of Service: _____ Total hours/ days worked: _____	\$	5110	_____
Support Salaries: Dates of Service: _____ Total hours/ days worked: _____	\$	5130	_____
Fringe Benefits: Types of Benefits: _____	\$	5320	_____
HONORARIA & STIPENDS			
Stipends – Date: _____	\$	6030	_____
TRAVEL EXPENSES			
Dates of Travel: _____ Purpose of Travel: _____ Transportation: _____ Hotel: _____ Subsistence: _____	\$ \$ \$	7010	_____
PARTICIPANTS' SUPPORT COSTS			
Stipends – Dates of Participation: _____	\$	6000	_____
Travel for Participants: Dates of Travel: _____ Purpose of Travel: _____ Transportation: _____ Hotel: _____ Subsistence: _____ Other: _____	\$ \$ \$ \$	7760 7760 7770 7780	_____ _____ _____ _____
CONSULTING SERVICES			
Dates of Service: _____ Total Hours Worked: _____	\$	6000	_____
OFFICE EXPENSES			
Telephone: _____ Postage: _____ Printing & Duplicating: _____ Supplies: _____	\$ \$ \$ \$	6110 6120 6130 6510	_____ _____ _____ _____
OTHER EXPENSES			
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____

ALL RECEIPTS MUST BE ATTACHED FOR ALL EXPENSES.

TOTAL EXPENSES \$ _____