

**UNIVERSITY OF HAWAII At MANOA/HAWAII CAMPUS COMPACT
SYSTEMS OF SERVICE PROGRAM
GRANTEE INSTITUTIONS
REIMBURSEMENT REQUEST/FISCAL STATUS REPORT**

GRANTEE INSTITUTION: _____

GRANT # _____

REPORTING PERIOD: _____

DATE PREPARED: _____

COST CATEGORIES		Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9
	UHM/HICC SHARE				MATCHING FUNDS				TOTAL SPENT
	BUDGET	EXPENDITURES		BALANCE	BUDGET	EXPENDITURES		BALANCE	TO DATE (cols. 4 + 8)
		<i>THIS PERIOD</i>	<i>CUMULATIVE</i>			<i>THIS PERIOD</i>	<i>CUMULATIVE</i>		
PROGRAM STAFF									
Salaries									
Benefits									
SUBTOTAL									
OPERATING EXPENSES									
Recruitment									
Student Wages									
Training									
Honoraria/Stipends									
Curriculum Development									
Evaluation									
Reproduction/Dissemination									
Transportation/Travel									
Technical Assistance									
Other									
SUBTOTAL									
TOTAL									

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE ABOVE EXPENDITURES ARE TRUE AND CORRECT, AND THAT THEY WERE NECESSARILY INCURRED IN THE CONDUCT OF THE PROJECT COVERED BY GRANT # _____

(Signature)

(Name and title of Authorized Institution Official)