RESEARCH SUPPORT AGREEMENT
MANAGEMENT REPORT

Reporting Period End Date (Month, Day, Year)

Name of Institution:

Agreement Number:

Report Type: (check one)

Monthly ☐ Quarterly ☐

Semi-Annual ☐ Final ☐

A. Detail of Total Expenses for the Reporting Period:

1. Salary Expenses …… $0.00
   (Attach documentation itemizing by position, hours worked, salaries paid.)
2. Non-Salary Expenses
   - a. Travel (Domestic) $0.00
   - b. Travel (Foreign) $0.00
   - c. Work-related Training Costs $0.00
   - d. Publication/Page Costs $0.00
   - e. Computer Costs (User/Fee, time, other) $0.00
   - f. Utilities $0.00
   - g. Communications/Telephone $0.00
   - h. Materials and Supplies $0.00
   - i. Other (Specify or attach documentation if needed) $0.00

   Subtotal: Non-Salary Expenses (A2a - i) $0.00
3. Indirect Costs …… $0.00

Total Expenses for the Reporting Period (Total of A1, A2, A3 expenses) **$0.00**

B. Detail of Cumulative Totals	**Previous Cum. Total**	**Current Reported Total**	**Cumulative Total**	**Unobligated Balances**
1. Total Salaries	$0.00	$0.00	$0.00	$0.00
2. Total Non-Salary Expenses	$0.00	$0.00	$0.00	$0.00
3. Total Indirect Costs	$0.00	$0.00	$0.00	$0.00

Certification: By signing this report, I certify to the best of my knowledge and belief that the report is correct and complete.

Typed or Printed Name and Title of Authorized Certifying Official

Telephone:

E-mail:

Signature of Authorized Certifying Official

Date

AGENCY USE ONLY

Reviewed by: _____

ARS PI/Authorized Departmental Officer's Designated Representative Date

Approved by: _____

Authorized Departmental Officer Date