

Texas Species Research Reimbursement Request Cover Sheet

Interagency cooperation contract number (IAC number)	University name
Species name	
Period covered by report From <small>Month</small> <small>Day</small> <small>Year</small> <small>Month</small> <small>Day</small> <small>Year</small> Through	
Total amount of request	University invoice number

Itemization of Charges by Budget Category Per IAC

All charges must be accompanied by detailed documentation/receipts and a description of which project tasks they were related to. No confidential data should be submitted with the reimbursement requests. See General Instructions documents (Attachment I) for further details.

	Budgeted Amount	Requested Amount	Remaining Amount
Subcontract (if applicable).....	\$ _____	\$ _____	\$ _____
Personnel	\$ _____	\$ _____	\$ _____
Travel.....	\$ _____	\$ _____	\$ _____
Supplies & Materials.....	\$ _____	\$ _____	\$ _____
Other.....	\$ _____	\$ _____	\$ _____
Total Direct Costs	\$ _____	\$ _____	\$ _____
Indirect Costs.....	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

Percentage of Funds Expended to Date for Contract %

Notes

Email invoices to species.research@cpa.texas.gov.

Principal Investigator Certification

I certify that the provided information is true and correct to the best of my knowledge based on diligent inquiry.	
Print name	
sign here ▶	Date

Accounting Certification

I certify that the provided information is true and correct to the best of my knowledge based on diligent inquiry.		
Print name	Contact phone (<i>Area code and number</i>)	Contact email address
sign here ▶		Date