

REPORT OF EXPENDITURES

8. Current staff, role and percent effort of each on project:

Staff Member

Total

1. Report Date:

4. Institution:

5. Telephone No.:6. Email address:

7. Project Title:

2. Reporting period:

3. Principal Investigator:

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				_
				_
				-
9. Contract expendit	ures to date (<u>MUST BE IN U.S. DO</u>	LLARS):		
*Please be sure to do	ouble-check cumulative expenditu	ure figures before s	ubmitting to CURE	Epilepsy for approval.
	sted in each row below should e	•		
expenditure for that category. Only the initial financial report should have the same figures listed under "This Period" and "Cumulative" columns.				
renod and edinala	tive columnis.			
	COST ELEMENTS	THIS PERIOD	CUMULATIVE	
	Personnel			
	Fringe Benefits			
	Supplies			
	Equipment			
	Travel			
	Other Direct Costs			
	Subtotal			
	Indirect Costs	\$ 0	\$ 0	
	Fees			

Role

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% Effort