



HEALTH RESEARCH INCORPORATED

Contractor:

Sullivan County Public Health
PO Box 590
50 Community Lane
Liberty, NY, 12754

HRI Account Number(s):

GR150099103

Contract Date:

09/01/2022 - 08/31/2023

HRI Contract Number:

5556-07

Contractor Project Director**Payee's Reference #:**

Report for Period: _____ to _____

Budget Items	Budget Amount	Cumulative Expenditures Prior Periods	Expenditures Current Period	Expenditures to Date	Balances
* Salary	\$12,641				
Fringe	\$5,354				
Supplies	\$961				
Travel	\$141				
* Equipment	\$0				
* Miscellaneous	\$52,903				
* Contractual	\$0				
* Admin/Indirect	\$0				
Deliverable	\$0				
Restricted	\$100,000				
Total Costs:	\$172,000				

Reimbursement Requested: \$

Expenditures under this contract may NOT exceed the maximum reimbursable amount of \$38,240.

* NOTE: Please attach REPORT OF EXPENDITURES to provide detail.

By signing this report, I hereby certify to the best of my knowledge and belief that the report is true, complete, and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)

Approvals:

HRI PI/Contract Manager: _____

Program Administration: _____

HRI: _____

Contractor

Signature: _____

Name: _____

(Please Print)

Title: _____

Email: _____

Phone #: _____

Date: _____