

Auburn University

CONTRACTS AND GRANTS ACCOUNTING
 208 M. WHITE SMITH HALL
 381 MELL STREET
 AUBURN UNIVERSITY, AL 36849-5110

REPORT OF EXPENDITURES

_____ 1 _____ PARTIAL ___ X FINAL ___

PERIOD COVERED BY THIS REPORT:

8/16/23 - 8/31/23

CONTRACT: Rural Health Initiative

A.U. FUND NO(S): 223331 13080

A.U. FUND NAME: ADF-RURAL HLTH INITIATIVE OPS

CONTRACT AMOUNT:

\$2,000,000.00

CONTRACT PERIOD:

8/16/23 - 5/15/26

TO:

Alabama Department of Finance
 600 Dexter Avenue
 Suite E-309
 Montgomery, AL 36130

| EXPENDITURE CATEGORY | CURRENT | | CUMULATIVE | |
|--------------------------------|----------------|-----------------|----------------|-----------------|
| | ADF SHARE | AU COST SHARING | ADF SHARE | AU COST SHARING |
| | | | \$1,545,600.00 | \$32,816.00 |
| SALARIES AND WAGES | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| EMPLOYEE BENEFITS | 0.00 | 0.00 | 0.00 | 0.00 |
| MATERIALS AND SERVICES | 0.00 | 0.00 | 0.00 | 0.00 |
| TRAVEL | 0.00 | 0.00 | 0.00 | 0.00 |
| MODIFIED TOTAL DIRECT COSTS | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| INDIRECT COSTS FORFEITED (26%) | 0.00 | 0.00 | 0.00 | 0.00 |
| EQUIPMENT | 0.00 | 0.00 | 0.00 | 0.00 |
| LESS: EXCESS PROJECT COSTS | 0.00 | 0.00 | 0.00 | 0.00 |
| THIRD PARTY MATCH | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTALS | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

(TERMS: NET 30)

MAKE CHECK PAYABLE TO: AUBURN UNIVERSITY (SEND TO: CONTRACTS AND GRANTS ACCOUNTING AT ABOVE ADDRESS)

REMARKS:

CONTACT PERSON FOR THIS INVOICE Kellie Wilson 334-844-6246 / kellie.wilson@auburn.edu

"I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL EXPENDITURES REPORTED (OR PAYMENTS REQUESTED) ARE FOR APPROPRIATE PURPOSES AND IN ACCORDANCE WITH THE SUBJECT CONTRACT AND PAYMENT THEREFOR HAS NOT BEEN RECEIVED."

SIGNATURE:

DATE REPORT

SUBMITTED:

September 8, 2023

TYPED NAME: LARRY HANKINS

TELEPHONE:

FEIN: 1-636000724-A1

DIRECTOR, CONTRACTS AND GRANTS ACCOUNTING

334-844-4847