



Report of Final Expenses

ROUTING

SPA, MSC SPA
spa_fm@nmsu.edu
Phone 646-1675
Fax 646-1676

Instructions: Submit form with supporting documentation for outstanding expenses to spa_fm@nmsu.edu. Any listed expense requires supporting documentation to more accurately account for outstanding expenses and a proper audit trail of anticipated expenses. If expense has cleared Banner subsequent to fund end date a Banner print screen will suffice to support this cleared expenditure.

Section 5 is required when supplies exceeding \$5,000 remain at the end of a Federal award and must be signed by the Principal Investigator.

The preparer of the form should sign Section 3-Requestor Approval. Contact your fiscal monitor for assistance.

SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____

Prepared By: _____ E-mail Address: _____ Phone: _____

Grant #: _____ Fund #: _____ Fund End Date (mm/dd/yyyy): _____

SECTION 2: REQUEST DETAILS

Description	Account Code	Amount	Amount
1 Fund Budget:			\$
2 Inception to Date Expenses as of fund end date :			\$
3 List of Outstanding Expenses:			Note: Expenses MUST be entered as negative numbers. Example: -150.00
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Total of additional expenses attached:			
4 Sum of Outstanding Expenses:			\$
5 Final Total Expenses:		(Line 2 + Line 4)	\$
6 Budget Balance Remaining:		(Line 1 - Line 5)	\$

Check the box that applies:

- All expenses have cleared and fund can now be termed.
- All expenses have cleared with the exception of those listed and the fund can be termed after all expenses have cleared.
_____ **Index # for excess expenses or unjustified CAS items, if no journal entry is provided.**
- Residual supplies exceed \$5,000 in aggregate. If checked, complete Section 5.

SECTION 3: REQUESTOR APPROVAL

Printed Name: _____ Signature: _____ Date: _____

SECTION 4: INTERNAL DEPARTMENT USE ONLY

Received by SPA: _____

