# Report of Final Expenses

**New Mexico State University**

## Sponsored Projects Accounting

| | | | |
|---|---|---|---|
| **Grant #:** | _____ | **Prepared By:** | _____ |
| **Fund #:** | _____ | **Date:** | _____ |
| **Fund End Date:** | _____ | **Email:** | _____ |

**INSTRUCTIONS: Submit a PDF of the form with required back-up to SPA@nmsu.edu. Completed form is due 45 days after the fund end date. When the form is not returned by the applicable deadline SPA will prepare the final invoice and or report based on Banner recorded expenses. Contact your fiscal monitor for assistance.**

| | Description | Account Code | | Amount |
|---|---|---|---|---|
| 1 | **Fund Budget:** | | | $ _____ |
| 2 | **ITD Expenses as of month end _____:** | | | $ _____ |
| 3 | **List of Outstanding Expenses:** | | | |
| | _____ | _____ | $ | |
| | _____ | _____ | $ | |
| | _____ | _____ | $ | |
| | _____ | _____ | $ | |
| | _____ | _____ | $ | |
| | _____ | _____ | $ | |
| | _____ | _____ | $ | |
| | _____ | _____ | $ | |
| | _____ | _____ | $ | |
| | _____ | _____ | $ | |
| | _____ | _____ | $ | |
| | _____ | _____ | $ | |
| | (Total of addt'l expenses attached) | | $ 0.00 | |
| 4 | **Sum of Outstanding Expenses:** | | | $ 0.00 |
| 5 | **Final Total Expenses:** | | (Line 2 + Line 4) | 0.00 |
| 6 | **Budget Balance Remaining:** | | (Line 1 - Line 5) | 0.00 |

***Note: All Expenses Must Be Entered as Negative Numbers. Example: -150.00***

**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.**

FOR INTERNAL USE ONLY

RECEIVED BY SPA _____

Updated: March 17, 2010

Reset Form