

Healthcare Educational and Research Fund Inc.  
1 Empire Drive  
Rensselaer, NY 12144  
Stipend Reimbursement

Date: 11/27/2023

Checks Payable to:

SAMPLE ORGANIZATION INC.

One Sample Drive

Sample, NY 12144

Payee Reference Requested on Checks:

Checks Mailed to the

Attention of:

Contact Information: Karen Doe

Karen Doe

Report for Period: 8/1/2023-11/30/2023

Budget Items	Budget Listed in Application	Expenditures for Reimbursement	Justification
Salaries*	\$ 6,000.00	\$ 5,661.54	
Fringe Benefits	\$ 2,000.00	\$ 1,623.16	
Miscellaneous*	\$ 500.00	\$ 335.29	
Contractual*	\$ 1,500.00	\$ 1,500.00	
<b>TOTALS</b>	<b>\$ 10,000.00</b>	<b>\$ 9,120.00</b>	

Total Current Expenses: \$ 9,120.00

\* Note - Please use the "Salary Expense," "Fringes," "Miscellaneous Expense," and "Consultant Expense" worksheets to provide detail. Please include supporting documentation for each expense item reported.

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)

Recipient (Authorized Official):

Signature:

Name:

Title:

Email:

Phone:

Date:



Karen Doe

(please print)

Accounting Manager

[kdoe@sample.com](mailto:kdoe@sample.com)

555-555-5555

11/27/2023