

Research Foundation for Mental Hygiene, Inc.

CONTRACTOR'S STANDARD VOUCHER

CONTRACTOR INFORMATION	<i>Return this voucher to:</i>
Federal ID No.:	Research Foundation for Mental Hygiene, Inc. 150 Broadway, Suite 301 Menands, NY 12204 518 474-5661 phone 518 474-6995 fax
Name:	
Address:	
Date:	
Reference:	
Voucher No.:	Contract Period: ___/___/___ through ___/___/___
Contract No.:	Voucher For Period: / / through / /

BUDGET ITEMS	1 Award Amount	2 Prior Period Expenditures	3 Current Period Expenditures	4 Expenditures To Date (2+3)	5 Balance (1-4)
* Salary					
Fringe Benefits					
Supplies					
Travel					
* Equipment					
* Contractual/Consultant					
Other (list below)					
Admin/Indirect Costs					
Total					

** Note: for these items a separate report of expenditures is required. For Salary expenditures, you must include employees' names, titles, percent of time charged to the contract and dates paid. For equipment and contractual/consultants list person/organization paid, amount and a brief description of the goods/services purchased*

I certify that all claimed expenditures represent costs actually incurred in the performance of the contract; that I have on file documentation to support the allocation of such costs to this contract in accordance with applicable regulations; that the costs herein claimed were incurred within the dates specified, that this claim is just, true and correct; that no part has been paid by RFMH or any third party and that the amount claimed is due and owing.

Signature: _____
 Name: _____
 Title: _____
 Date: _____
 Phone No.: () - _____

Expenditures to Date:	_____
Less: Receipts to Date:	_____
Plus: Advance This PMT:	_____
Amount Due this Voucher:	_____
Final Voucher:	YES _____ NO _____