

# Texas Species Research Reimbursement Request Cover Sheet

Interagency cooperation contract number (IAC number)	University name		
Species name			
Period covered by report			
From	Month	Day	Year
Through	Month	Day	Year
Total amount of request	University invoice number		

### Itemization of Charges by Budget Category Per IAC

All charges must be accompanied by detailed documentation/receipts and a description of which project tasks they were related to. No confidential data should be submitted with the reimbursement requests. Please see General Instructions documents (Attachment I) for further details.

	Budgeted Amount	Requested Amount	Remaining Amount
Subcontract (if applicable).....	\$ _____	\$ _____	\$ _____
Personnel .....	\$ _____	\$ _____	\$ _____
Travel.....	\$ _____	\$ _____	\$ _____
Supplies & Materials.....	\$ _____	\$ _____	\$ _____
Other.....	\$ _____	\$ _____	\$ _____
Total Direct Costs .....	\$ _____	\$ _____	\$ _____
Indirect Costs.....	\$ _____	\$ _____	\$ _____
<b>TOTAL</b> .....	\$ _____	\$ _____	\$ _____
Percentage of Funds Expended to Date for Contract .....			\$ _____

### Notes

Transfer of funds between Direct Cost (DC) categories shall not exceed ten percent (10%) of a remaining budgeted DC category without a contract amendment. Transfers between DC categories less than 10 percent is permissible without contract amendment, but requires preapproval from Comptroller. Approval will not be unreasonably withheld. Any amount transferred between categories must be documented and submitted reflecting the changes.

**Please submit invoices to [species.research@cpa.texas.gov](mailto:species.research@cpa.texas.gov).**

### Principal Investigator Certification

I certify that the provided information is true and correct to the best of my knowledge based on diligent inquiry.									
Print name		<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; padding: 5px;"><b>RECEIVED</b></td> </tr> <tr> <td style="text-align: center; padding: 5px;">SIGNATURE</td> <td style="text-align: center; padding: 5px;">DATE</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>		<b>RECEIVED</b>		SIGNATURE	DATE		
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SIGNATURE	DATE								
		Date							

### Accounting Certification

I certify that the provided information is true and correct to the best of my knowledge based on diligent inquiry.			
Print name		Contact phone (Area code and number)	Contact email address
			Date