TEXAS Department of Assistive and Rehabilitative Services

Division for Rehabilitation Services

Final Report of Expenditures

Deadline: 90 days after end of budget period

1. Grantee:		Grant Number:	
Street Address:	City:	State:	ZIP Code:
Contact Person:		Telephone Number:	Vendor ID Number:
2. Budget Period: From (mm/dd/yy)		To:	

Categories	3. Budgeted			4. Expended		
	Federal: A	State: B	PI or Match: C	Federal: D	State: E	PI or Match: F
Salary and wages						
Fringe benefits						
Travel						
Equipment						
Supplies						
Contractual						
Other						
5. Totals						
6. Funding ratios (%)						

7. Amount of federal and/or state funds received:	$
8. Minimum necessary match for federal or state expenditures:	$
9. Status of minimum matching obligation: ☐ Met ☐ Deficient by:	$
10. Unmatched federal expenditures:	$
11. Amount to be remitted (see Total below):	$
Unexpected balance of federal or state funds received (5A/B - 5D/E):	$
Unmatched federal expenditures (Line 10):	$
Total (send check payable to DARS DRS):	$

Remarks:

Certification

I hereby certify that this report is true and correct to the best of my knowledge, and that all expenditures reported herein have been made in accordance with appropriate grant policies and for the purposes set forth in the application and award documents.

Signature of authorizing official:	Title:	Date:
X		