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| **2023-2025 Quarterly Fiscal Invoice Report** |
|  |  |  |  |  |  |  |
| **Grant:** Tobacco Free Nebraska, Communities of Excellence in Tobacco Control |  |
| **Agency:** |  |  |  | **Invoice** |
| **Federal I.D. Number:** |  |  |  |
| **UEI Number:** |  |  |  |
| **Invoice Number:**  |  |  |  |  |
| **Reporting Period:**  |  |  |  |
| **Date Submitted:**  |  |  | **Signature** |  |  |  |
|  |  |  | **(Agency Administrator or Fiscal Officer)** |  |
|  |  |  |  |  |  |  |
| **LINE ITEMS** | **APPROVED BUDGET** | **VARIANCE +/-** | **VARIANCE EXPLANATION** | **OPERATING BUDGET** | **QUARTER EXPENDITURES** | **YEAR-TO-DATE EXPENDITURES** |
| A. Salaries |  |   |   |  $ -  |   |   |
| B. Benefits |  |   |   |  $ -  |   |   |
| C. Contracted Services |   |   |   |  $ -  |   |   |
| D. Supplies |   |   |   |  $ -  |   |   |
| E. Travel |   |   |   |  $ -  |   |   |
| F. Other |   |   |   |  $ -  |   |   |
| **Total Direct Costs** |  **$ -**  |  **$ -**  |  |  **$ -**  |  **$ -**  |  **$ -**  |
| G. Indirect Costs |   |   |   |  $ -  |   |   |
| **TOTAL** |  **$ -**  |  **$ -**  |  |  **$ -**  |  **$ -**  |  **$ -**  |
| Y1 Q1 due 10/31/23 for July, Aug, Sept 2023Y1 Q2 due 1/31/2024 for Oct, Nov, Dec 2023Y1 Q3 due 4/30/2024 for Jan, Feb, March 2024Y1 Q4 due 7/31/2024 for April, May, June 2024Y2 Q1 due 10/31/2024 for July, Aug, Sept 2024Y2 Q2 due 1/31/2025 for Oct, Nov, Dec 2024Y2 Q3 due 4/30/2025 for Jan, Feb, March 2025Y2 Q4 due 7/31/2025 for April, May, June 2025 |   | **TOTAL EXPENSES:** |  $ -  |   |
| (Less Advanced Amount, if any) |   | Leave this box blank |
| **AMOUNT DUE AGENCY** |  **$ -**  |
| **Email to:** | **dhhs.tfn@nebraska.gov** |  |  |  |  |
|  |  |  |  |  |  |  |
| Updated September 2023 |  |  | **\*\* Do NOT include in-kind funds in this report.** |