## U.S. DEPARTMENT OF AGRICULTURE RESEARCH, EDUCATION, and ECONOMICS COOPERATIVE AGREEMENT FINANCIAL STATUS REPORT COOPERATOR: (Name and complete address including Zip code, DUNS Number: Country) Reporting period: \_\_\_\_\_to \_\_\_ ☐Interim Report Report Type: ☐ Final Report **Cooperator Principal Investigator Name:** Cash Accrual Basis of Accounting: CURRENT **CUMULATIVE** UNOBLIGATED APPROVED BUDGET **EXPENDITURES EXPENDITURES** BALANCE Agreement No/FAIN: A. Salaries and Wages 2. Other Personnel . . . . . . . . . . . . . 3. Support Personnel . . . . . . . . . . . . . . . **Total Wages and Salaries** \$0.00 \$0.00 \$0.00 B. Fringe Benefits (If charged as Direct Costs) . . . . . C. Total Salaries, Wages, and Fringe Benefits (A plus B) \$0.00 \$0.00 \$0.00 D. Equipment (List items and dollar amounts for each item below.) F. Travel (List destination and amount for each trip) 1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions) 2. Foreign Travel Costs G. Publication Costs . . . . . . . . . . . . . . . H. ADP/Computer Services . . . . . . . . Subawards J. All Other Direct Costs (List items and dollar amounts for each item.) K. Total Direct Costs (C through J) \$0.00 \$0.00 \$0.00 Indirect Costs M. Total Direct and Indirect Costs \$0.00 \$0.00 \$0.00 COMMENTS: Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, section 1001)

Type or Print Name and Title

Telephone (Area code, number and extension) and Email Address

Signature of Authorized Certifying Official Date Report Submitted

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