



U.S. DEPARTMENT OF LABOR

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Detailed Statement of Costs

Grant Recipient Name and Address

Grant Number

[Empty box for Grant Recipient Name and Address]

[Empty box for Grant Number]

Cost Category	Approved Grant Budget	Actual Cumulative Costs
1. Salaries and Wages		
2. Fringe Benefits		
Total Personnel Costs		
Other Expenses		
3. Travel		
4. Equipment		
5. Supplies		
6. Contractual		
7. Other		
8. Indirect Cost		
Total Other Expenses		
Total Grant Costs		

Remarks

[Empty box for Remarks]

Certified by:

[Empty box for Authorized Representative]

[Empty box for Date]

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