



Research Accounting Invoice
 Florida Atlantic University
 P.O. Box 198660
 Atlanta, GA 30384-8660
 (561) 297-2133

Invoice Date: 10/11/2018
 Invoice Number: AWD-001274-04

Sponsor Address	FAU Information	
State of Tennessee Department of Health Carol Mace State of Tennessee Department of Health, Office of Health Care Facilities 665 Mainstream Drive, 2nd Floor Nashville, TN 37243	Award Number	AWD-001274
	SmartTag Number	TAG005352
	Grant Number	GT-001590
	PI	Dr. Ruth Tappen
	Edison ID	55252
	Edison Vendor ID	201765

Sponsor ID: Grant Contract 34305-22517 / 02-16-17GR
 Project start date: 06/01/17
 Project end date: 05/31/19
 Project Title: Reducing Avoidable Hospitalization Across the Continuum of Care

For the Period: July 1, 2018 - September 30, 2018

Description	Current	Cumulative
Salary	\$5,278.39	\$10,282.80
Salary - Fringe Benefits	\$1,555.73	\$3,036.33
Other Personnel Services	\$1,615.09	\$2,730.16
OPS - Social Security	\$23.39	\$39.56
Travel	\$0.00	\$0.00
Expense	\$0.00	\$0.00
Subcontracts < \$25k	\$2,188.15	\$2,188.15
Subcontracts > \$25k	\$0.00	\$0.00
Equipment	\$0.00	\$0.00
Tuition	\$0.00	\$0.00
Off-Site Facility Rental	\$0.00	\$0.00
Participant Support Cost	\$0.00	\$0.00
Patient Care Cost	\$0.00	\$0.00
Indirect Cost (10%)	\$1,066.07	\$1,827.70
	\$11,726.82	\$20,104.70
Total Due	\$11,726.82	

I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)."

On behalf of

CERTIFIED OFFICIAL
Heather Saunders
 Director, Office of Research Accounting
 Division of Research

Remittance Information:
 * Make checks payable to: Florida Atlantic University
 * Payable within 30 days
 * Please include the invoice number on your check

Federal ID Number: 65-0385507

For questions regarding this invoice please contact the office of Research Accounting at: (561) 297-2133.