



U.S. DEPARTMENT OF LABOR

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Detailed Statement of Costs

Grant Recipient Name and Address

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Grant Number

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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

Certified by:

Authorized Representative

Date

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