Sponsored Projects Accounting
MSC SPA
New Mexico State University
P.O. Box 30002
Las Cruces, NM 88003-8002
spa_fm@nmsu.edu

**NM STATE**

Agency Name

Agency Address

Agency Email

Current Date:
Contract/Award No:
Budget Period:
Budget:
Grant No:
PI Name:

## ESTIMATED EXPENSES - PLEASE DO NOT PAY

|  | *SECTION 1:* CUMULATIVE EXPENSES AS OF | *SECTION 2:* ESTIMATED EXPENSES | *SECTION 3:* CUMULATIVE EXPENSES |
|---|---|---|---|
| Date |  |  |  |
| Salaries |  |  |  |
| Fringe Benefits |  |  |  |
| Travel |  |  |  |
| Supplies |  |  |  |
| Services |  |  |  |
| SubContract: _Less than $25,000 |  |  |  |
| \|_Greater than $25,000 |  |  |  |
| Tuition/Stipends |  |  |  |
| Equipment |  |  |  |
| Other |  |  |  |
| **Total Direct Costs** |  |  |  |
| **F&A Costs** |  |  |  |
| **Total Costs** |  |  |  |

**CERTIFICATION:**

I hereby certify that the information provided is accurate and expenditures reported are for appropriate purposes and in accordance with the agreements set forth in the application and award document.

_____

**Requestor Signature**

Fiscal Monitor:
Phone:
Email:

_____

**Fiscal Monitor Authorized Signature**

## General Instructions for Estimated Expenses Form

The PI will need to work with the Research Department to obtain and verify any information needed from Banner and estimate expenses for the time period requested. Have your Business Manager sign the form at the 'Requestor Signature'. Send the form to spa_fm@nmsu.edu for the fiscal monitor to verify, sign and send to the agency.

## Agency and Award Information

Enter Agency Name, Address and E-Mail.
Enter the following information to this form: Contract/Award #, Budget Period, $ of Budget, NMSU Grant #, and PI's Name.

## F&A Rate

Enter the F&A Rate as a decimal and the IDC will calculate across all applicable categories.
NOTE: This form does not calculate IDC on Subcontracts over $25,000, Tuition or Equipment categories (Equipment > $5,000).

## SECTION 1: CUMULATIVE EXPENSES AS OF

Enter date for the cumulative expenses as of MMDDYY. **Always use a closed month in Banner for this section.** Enter actual cumulative amount of expenditures as of MMDDYY for each account category, (e.g., Salary, fringe benefits, supplies, etc.)

## SECTION 2: ESTIMATED EXPENSES

Enter date range of expenses that will be estimated as MMDDYY-MMDDYY Enter estimated expenditures for each account category, (e.g., Salary, fringe benefits, supplies, etc.)

## SECTION 3: CUMULATIVE EXPENSES

Cumulative Expenditures column will auto populate.
Make sure the Total Costs under the Cumulative Expenditures Section **DO NOT** exceed the Adjusted Budget shown in FRIGITD. Adjust the estimated expenses section if they do to show cumulative expenses section below approved budget.

## Other

The Requestor/Preparer signs below the Certification statement.
Send the completed form to spa_fm@nmsu.edu by the date Sponsored Projects Accounting requested or sooner. The fiscal monitor will fill out the rest of the information below the Requestor and sign to send to the agency