



The Tennessee Valley Tri-State LSAMP ALLIANCE

LOUIS STOKES ALLIANCES FOR MINORITY PARTICIPATION

Quarterly Report and Non-Participant Supplemental Invoice

Note. The PI and/or the program coordinator should complete the quarterly report by including only activities that occurred during the reporting period. Submit the quarterly report to cquinn@una.edu and Cc: Seth Martin (smartin10@una.edu).

Purchase Order Number (SPC#):

Invoice Reporting Period:

Date Submitted:

Institution:

Contact Person:

Contact Information:

Directions: For each personnel member please provide the following information. If there is more than one personnel member please separate personnel information using a comma and or /.

Position Title:

First and Last Name:

FTE:

Dates of Service Reflected on Invoice:

Supervisor(s):

Supervisor's Email:

Position Description

Main Areas of Focus During Invoice Period

Attach to the invoice submitted through your grants office. Submit to cquinn@una.edu and Cc: Seth Martin (smartin10@una.edu). (Revised 02/7/2024)

Financial Information

Senior Personnel (Name/Title)	Current Cost	Cumulative Cost	Budgeted (Subaward)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Subtotal, Senior	\$	\$	\$
Other Personnel (Name/Title)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Subtotal, Other	\$	\$	\$
Fringe Benefits			
(****%) Name/Title	\$	\$	\$
(****%) Name/Title	\$	\$	\$
(****%) Name/Title	\$	\$	\$
(****%) Name/Title	\$	\$	\$
Subtotal, Fringe Benefits	\$	\$	\$
Indirects	Not Allowed	Not Allowed	Not Allowed
Total Salaries + Benefits	\$	\$	\$

Attach to the invoice submitted through your grants office. Submit to cquinn@una.edu and Cc: Seth Martin (smartin10@una.edu). (Revised 02/7/2024)