

THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK
P.O. BOX 9
ALBANY, NEW YORK 12201-0009

26-MAR-12

SPONSOR INFORMATION

SPONSOR: NYS Department of Health
Bureau of Child and Adolescent Health
ESP Corning Tower
Room 227
Albany, NY United States 12237-0618

ACCOUNT INFORMATION

RF AWARD NUMBER: 55104 INVOICE NUMBER: 6
SPONSOR REFERENCE: C026429 **AR INVOICE NUMBER: 1208536**
PROJECT DIRECTOR: Gronostajski, Dr. Richard AWARD PERIOD: 01-SEP-10 - 31-AUG-13
AWARD LOCATION: 030 University at Buffalo
AWARD TITLE: Role of Nfix in neural stem cells and glioblastoma

BILLING PERIOD INFORMATION

BILLING PERIOD: 01-DEC-11 - 29-FEB-12

MAKE CHECKS PAYABLE TO:

THE RESEARCH FOUNDATION OF
STATE UNIVERSITY OF NEW YORK
P.O. BOX 9
ALBANY, NEW YORK 12201-0009
ATTN: CASH RECEIPT DEPARTMENT

EIN 14-1368361

FOR ELECTRONIC PAYMENT:

KEY BANK OF NEW YORK
66 SOUTH PEARL STREET
ALBANY, NEW YORK 12207-1501

ROUTING NO: ABA 0213-00077
ACCOUNT NO: 10970107

TOTAL AMOUNT DUE : \$76,571.55

PLEASE REFERENCE RF AWARD NUMBER ON REMITTANCE
PAYMENT DUE UPON RECEIPT

REMARKS:

CERTIFICATION:

I CERTIFY THAT ALL EXPENDITURES REPORTED (OR PAYMENTS REQUESTED) ARE FOR THE APPROPRIATE PURPOSES AND IN ACCORDANCE WITH THE AGREEMENTS SET FORTH IN THE APPLICATION AND AWARD DOCUMENTS.

FOR QUESTIONS REGARDING THIS INVOICE, PLEASE CALL THE AR COORDINATOR BELOW AT THE NUMBER LISTED.

PLEASE REFERENCE THE R.F. AWARD NUMBER AND AR INVOICE NUMBER WHEN SENDING YOUR REMITTANCE.

SIGNATURE:

DATE:

NAME:

TITLE: AR/REPORTING COORDINATOR

EMAIL:

PHONE:

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ANALYSIS OF CURRENT & CUMULATIVE COSTS

RF AWARD NUMBER: 55104
INVOICE NUMBER: 6
BILLING PERIOD: 01-DEC-11 - 29-FEB-12

CATEGORY	TOTAL BUDGET	CURRENT BILLING PERIOD COSTS	CUMULATIVE AMOUNT BILLED
Salaries and Wages	322,319.68	40,695.06	238,391.62
Employee Benefits	123,496.60	15,186.71	88,049.39
Supplies	51,981.99	2,459.15	20,073.14
Travel	6,000.00	0.00	3,000.00
Equipment	0.00	0.00	0.00
Conference and Training	0.00	0.00	0.00
Patient Care	0.00	0.00	0.00
Subcontracts	0.00	0.00	0.00
Tuition and Fees	19,418.00	0.00	14,308.00
Fellows and Participant Support	0.00	0.00	0.00
Postage and Publishing	2,928.00	0.00	54.00
General Services	37,000.00	5,468.70	11,468.70
Miscellaneous	23,001.24	0.00	2,293.20
Undistributed Budget	0.00	0.00	0.00
TOTAL DIRECT COSTS	586,145.51	63,809.62	377,638.05
Facilities and Administrative Costs	113,349.49	12,761.93	72,666.01
Rate : 20.00 %			
TOTALS	699,495.00	76,571.55	450,304.06

STATE
OF
NEW YORK

CLAIM FOR PAYMENT

Vendor Information

Vendor Name THE RESEARCH FOUNDATION OF SUNY	Vendor Identification Number 1000013735		
Address PO Box 9	City Albany	State NY	Zip Code 12201-0009
ATTN: CASH RECEIPT DEPARTMENT		Invoice Number 55104/1208536	

Purchase Order No. and Date	Description of Material/Service	Quantity	Unit	Price	Amount
	REQUESTED REIMBURSEMENT FOR THE PERIOD: 01-DEC-11 - 29-FEB-12				\$76,571.55

Vendor Certification:

I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

AR/REPORTING COORDINATOR

Vendor's Signature in Ink

Title

26-MAR-12

THE RESEARCH FOUNDATION OF SUNY

Date

Name Of Company

Total

\$76,571.55

Discount %

Net

\$76,571.55

NYS Agency Information

Vendor Identification Number	Vendor Location ID	Vendor Address Sequence		
Voucher ID	Business Unit Name	Bus. Unit	Interest Eligible (Y/N)	Contract ID
Payment Date (MM) (DD) (YY)	Liability Date (MM) (DD) (YY)		Merch/Inv. Rec'd Date (MM) (DD) (YY)	
Withholding Class	Withholding Amount	Handling code	Payee Amount	Agency Internal Use
Invoice Number				

PeopleSoft Form at Charge Lines (If Applicable)

Business Unit	Department	Program	Fund	Account
Budget Reference	Project ID	Activity	Class	Operating Unit
Product	Chartfield1 - Accumulator	Chartfield2 ? Agency Use	Chartfield3	Amount

Legacy Format Charge Lines (If Applicable)

Expenditures						Liquidation					
Dept	Cost Center	Var	Yr.	Object	Accum		Amount	Orig Agency	PO/Contact	Line	F/P
					Dept	Statewide					
Liability Date			From Date	TC	Subledger			Optional			