

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

26-MAR-12

DATA FOR EXTRACTION TO SPONSOR FORMS

SPONSOR: NYS Department of Health

ACCOUNT INFORMATION

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

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

INDIRECT COST BASE = MTDC ZERo

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
Payment Date (MM) (DD) (YY)	Liability Date (MM) (DD) (YY)	Merch/Inv. Rec'd Date (MM) (DD) (YY)
Withholding Class	Withholding Amount	Handling code
Invoice Number	Payee Amount	Agency Internal Use

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	
					Dep L Statewide						
Liability Date		From Date		TC	Subledger		Optional				