**FORM 9**

**CERTIFICATION OF ADMINISTRATIVE EXPENDITURES**

**Instructions: Please indicate the amount of reimbursement requested under the specific Direct or Indirect Cost category below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Grantee Name: | | | Grant Year: Spring 20\_\_\_\_ or Fall 20 \_\_\_\_  Summer 20 \_\_\_\_ or Winter 20 \_\_\_\_ | | |
| BUDGET LINE ITEM | TOTAL ADMIN BUDGET | EXPENDITURES ALREADY REQUESTED | | EXPENDITURES THIS REQUEST | UNEXPENDED BUDGET BALANCE |
| ***Direct Costs*** |  |  | |  |  |
| SALARIES |  |  | |  |  |
| FRINGE |  |  | |  |  |
| TRAVEL |  |  | |  |  |
| ***Indirect Costs*** |  |  | |  |  |
| COMMUNICATIONS |  |  | |  |  |
| UTILITIES |  |  | |  |  |
| SUPPLIES |  |  | |  |  |
| MAINTENANCE |  |  | |  |  |
| RENT |  |  | |  |  |
| STAFF TRAINING |  |  | |  |  |
| AUDIT |  |  | |  |  |
| TOTAL |  |  | |  |  |

**TIME FRAME COVERED BY THIS REQUEST: FROM\_\_\_\_\_\_\_\_\_ TO\_\_\_\_\_\_\_\_\_\_**

**TOTAL AMOUNT THIS REQUEST: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I certify that the above expenditures have been made in the administration of the THDA Housing Trust Fund grant cited above. I further certify that invoices or other appropriate documentation to substantiate this requisition are contained in our program files, and attached to this payment request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Director or Chief Financial Officer