|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2023-2025 Quarterly Fiscal Invoice Report** | | | | | | |
|  |  |  |  |  |  |  |
| **Grant:** Tobacco Free Nebraska, Communities of Excellence in Tobacco Control | | | | | |  |
| **Agency:** |  |  |  | **Invoice** | | |
| **Federal I.D. Number:** |  |  |  |
| **UEI Number:** |  |  |  |
| **Invoice Number:** |  |  |  | | |  |
| **Reporting Period:** |  |  |  |
| **Date Submitted:** |  |  | **Signature** |  |  |  |
|  |  |  | **(Agency Administrator or Fiscal Officer)** | | |  |
|  |  |  |  |  |  |  |
| **LINE ITEMS** | **APPROVED BUDGET** | **VARIANCE +/-** | **VARIANCE EXPLANATION** | **OPERATING BUDGET** | **QUARTER EXPENDITURES** | **YEAR-TO-DATE EXPENDITURES** |
| A. Salaries |  |  |  | $ - |  |  |
| B. Benefits |  |  |  | $ - |  |  |
| C. Contracted Services |  |  |  | $ - |  |  |
| D. Supplies |  |  |  | $ - |  |  |
| E. Travel |  |  |  | $ - |  |  |
| F. Other |  |  |  | $ - |  |  |
| **Total Direct Costs** | **$ -** | **$ -** |  | **$ -** | **$ -** | **$ -** |
| G. Indirect Costs |  |  |  | $ - |  |  |
| **TOTAL** | **$ -** | **$ -** |  | **$ -** | **$ -** | **$ -** |
| Y1 Q1 due 10/31/23 for July, Aug, Sept 2023 Y1 Q2 due 1/31/2024 for Oct, Nov, Dec 2023 Y1 Q3 due 4/30/2024 for Jan, Feb, March 2024 Y1 Q4 due 7/31/2024 for April, May, June 2024 Y2 Q1 due 10/31/2024 for July, Aug, Sept 2024 Y2 Q2 due 1/31/2025 for Oct, Nov, Dec 2024 Y2 Q3 due 4/30/2025 for Jan, Feb, March 2025 Y2 Q4 due 7/31/2025 for April, May, June 2025 | | |  | **TOTAL EXPENSES:** | $ - |  |
| (Less Advanced Amount, if any) |  | Leave this box blank |
| **AMOUNT DUE AGENCY** | **$ -** |
| **Email to:** | [**dhhs.tfn@nebraska.gov**](mailto:dhhs.tfn@nebraska.gov) | |  |  |  |  |
|  |  |  |  |  |  |  |
| Updated September 2023 |  |  | **\*\* Do NOT include in-kind funds in this report.** | | | |