



<b>A. Professional Fees</b>		
<b>Name of Professional or Company</b>	<b>Description of Expenditures (number of hours and hourly rate)</b>	<b>Amount</b>
<p align="center"><b>Date</b></p> <p align="center">____ / ____ / ____ YYYY    MM    DD</p>		\$ _____
<p align="center"><b>Date</b></p> <p align="center">____ / ____ / ____ YYYY    MM    DD</p>		\$ _____
<p align="center"><b>Date</b></p> <p align="center">____ / ____ / ____ YYYY    MM    DD</p>		\$ _____
<p align="center"><b>Date</b></p> <p align="center">____ / ____ / ____ YYYY    MM    DD</p>		\$ _____
<b>Total:</b>		\$ _____

<b>B. Travel Expenses</b>		
<b>Name of Traveler</b>	<b>Description of Expenditures</b>	<b>Amount</b>
<p align="center"><b>Date</b></p> <p align="center">____ / ____ / ____ YYYY MM DD</p>		\$ _____
<p align="center"><b>Date</b></p> <p align="center">____ / ____ / ____ YYYY MM DD</p>		\$ _____
<p align="center"><b>Date</b></p> <p align="center">____ / ____ / ____ YYYY MM DD</p>		\$ _____
<p align="center"><b>Date</b></p> <p align="center">____ / ____ / ____ YYYY MM DD</p>		\$ _____
<b>Total:</b>		\$ _____

<b>C. Other Costs</b>		
<b>Activity or Expenditure</b>	<b>Description of Expenditures (number of days, hours and rate)</b>	<b>Amount</b>
<p align="center"><b>Date</b></p> <p align="center">____ / ____ / ____ YYYY    MM    DD</p>		\$ _____
<p align="center"><b>Date</b></p> <p align="center">____ / ____ / ____ YYYY    MM    DD</p>		\$ _____
<p align="center"><b>Date</b></p> <p align="center">____ / ____ / ____ YYYY    MM    DD</p>		\$ _____
<p align="center"><b>Date</b></p> <p align="center">____ / ____ / ____ YYYY    MM    DD</p>		\$ _____
<b>Total:</b>		\$ _____

Claim Breakdown	Amount
<b>Professional fees</b>	\$ _____
<b>Travel expenses</b>	\$ _____
<b>Other costs</b>	\$ _____
<b>Total:</b>	\$ _____

The Recipient hereby certifies that the financial information provided to the CNSC reflects the true cost of the expenditures incurred by the recipient in fulfilling the conditions of the Contribution Agreement.

Participant Funding Program Reimbursement Calculation	
<b>Maximum Participant Funding Program allocation</b>	\$ _____
<b>Advance payment provided to the Recipient by CSNC</b>	\$ _____
Available Balance of PFP funds for Recipient	\$ _____
<b>Total PFP claim from Recipient (Professional Fees, Travel and Other)</b> Note: The CNSC will not reimburse eligible costs beyond the maximum contribution amount awarded to the Recipient.	\$ _____

**Final PFP payment requested by recipient: \$ \_\_\_\_\_**

Name of Recipient _____  Signature of Recipient _____ Date: _____ / _____ / _____ <span style="margin-left: 150px; font-size: small;">YYYY                      MM                      DD</span>
--

