

3. Materials, Supplies, Chemicals, Glasswares, etc. Expenses

QUANTITY	ITEM	AMOUNT
	TOTAL	

4. Others

QUANTITY	ITEM	AMOUNT
	TOTAL	

Grand Total : _____

Balance of Cash (Amount Refundable) : _____

NOTE: ALL RECEIPTS SHOULD BE ATTACHED TO THIS FORM

I hereby certify that the above figures are true and correct.

Signature of Research Grantee

Date