

GEORGIA INSTITUTE OF TECHNOLOGY
OFFICE OF CONTRACT ADMINISTRATION
SPONSORED PROJECT TERMINATION

Date: 10/31/77

Project Title: "Localized Corrosion of Dental Amalgam."

Project No: E-19-B01

Project Director: Dr. M. Marek

Sponsor: DHEW/Public Health Service

Effective Termination Date: 5/31/77

Clearance of Accounting Charges: 5/31/77

Grant/Contract Closeout Actions Remaining: NONE

- ☐ Final Invoice and Closing Documents
- ☐ Final Fiscal Report
- ☐ Final Report of Inventions
- ☐ Govt. Property Inventory & Related Certificate
- ☐ Classified Material Certificate
- ☐ Other _____

Assigned to: Chemical Engineering (School/Laboratory)

COPIES TO:

Project Director
Division Chief (EES)
School/Laboratory Director
Dean/Director—EES
Accounting Office
Procurement Office
Security Coordinator (OCA)
Reports Coordinator (OCA)

Library, Technical Reports Section
Office of Computing Services
Director, Physical Plant
EES Information Office
Project File (OCA)
Project Code (GTRI)
Other _____

E-19-B01

GEORGIA INSTITUTE OF TECHNOLOGY
ATLANTA, GEORGIA 30332

OFFICE OF
THE DIRECTOR OF
FINANCIAL AFFAIRS

October 12, 1977

National Institutes of Health
Division of Financial Management
Grants Section, FAAB
Westwood Bldg., Room 405
5333 Westbard Ave.
Bethesda, Maryland 20014

Gentlemen:

Enclosed is the Report of Research Grant Expenditures for Grant
Number 2 ROI DE03601-04 covering the period June 1, 1976 through
May 31, 1977.

If you have questions or desire additional information, please
let us know.

Sincerely yours,

Evan Crosby //
Associate Director of
Financial Affairs

Enclosure as stated

cc: Dr. G. L. Bridger
Dr. M. Marek
Mr. E. E. Renfro
Mr. A. H. Becker ✓
File E-19-B01

ROI DE03601-04

DATE OF THIS REPORTING PERIOD

NAME AND ADDRESS OF GRANTEE INSTITUTION

Georgia Institute of Technology
Atlanta, Ga. 30332

TRANSACTION NO.

(08)RIDE3601B

INSTITUTIONAL ID NO.

E-19-B01

FROM 6/1/76 TO 5/31/77

PROJECT PERIOD

FROM 6/1/76 TO 5/31/77

☐ CHECK IF FINAL REPORT

C. Expenditures of DHEW Funds for this Reporting Period

a. Personnel	\$ 12,286.90	h. Alterations and renovations	
b. Consultant services	300.00	i. Other	
c. Equipment	4,273.87		
d. Supplies	6,100.01	j. Total direct costs	22,960.78
e. Travel, domestic		k. Indirect costs:	
f. Travel, foreign		Rate 68 % <input checked="" type="checkbox"/> S&W <input type="checkbox"/> TDC	
g. Patient care costs		Base \$ 11,444.51	7,782.27
		l. TOTAL	\$ 30,743.05
D. Expenditures from Prior Periods (previously reported)			-0-
E. Cumulative Expenditures			30,743.05
F. Total Amount Awarded - Cumulatively			33,518.00
G. Unexpended Balance (Item 4 less Item 3)			2,774.95
H. Unliquidated Obligations			26.00
I. Unobligated Balance (Item 5 less Item 6)			2,748.95
J. a. Cost Sharing Information - Grantee Contribution This Period			2,583.89
b. % of Total Project Costs (Item 8a divided by total of Items 1 and 8a)			% 7.75
K. a. Interest/Income (enclose check)			
b. Other Refundable Income (enclose check)			

D. Remarks

I hereby certify that this report is true and correct to the best of my knowledge, and that all expenditures reported herein have been made in accordance with appropriate grant policies and for the purposes set forth in the application and award documents.

Dr. M. Marek

Evan Crosby

SIGNATURE OF INSTITUTION OFFICER

Associate Director of Financial Affairs

10-6-77

10-12-77

DATE